Head Start
MID-AMERICA REGIONAL COUNCIL

**Form 8021e**

**Contractors Information for ChildPlus Database**

**Submit form by uploading to the Head Start Data Team SharePoint, HR Folder, Upload, 8021e**

**TO BE COMPLETED BY Agency: Complete New Contractor's Paperwork or Changes in Contractor's Status**

**Section 1 – Com Complete within 5 days of contractor's start date**

**Program Name:** _____

**Contact Person:** _____ **Date Submitted to MARC Head Start:** _____

**Contractor's Name:** _____ **Start Date or Rehire Date:** _____

**Title:** _____ **Supervisor:** _____

**Site:** _____ **Work Email**: _____

**Employment Type: Choose one:** __Full Time or __Part Time **Choose one**: __Permanent __Temporary

**Position:** **Contractor**

**Is this a newly created position?** Yes or No **(Circle one)** **If yes, date created:** _____

**Works with families?** Yes or No **(Circle one)**

**Primary Assignment:** **(Check one Primary Funding Source)**

___ Early Head Start ___ Head Start

**Program Assignments:** (Check all programs the contractor will work with)

___ Early Head Start ___ Head Start

**Primary Service Area:**

___Administration ___Disability ___Education ___Family ___Mental Health ___Nutrition

**Is this contractor replacing someone?** Yes or No **(Circle one)**

**Person contractor replaced:** _____

**Criminal Background Check Clearance Statement**
**(Clearance dates received from Human Resources Department):**

**FBI Fingerprint:** _____ **State Fingerprint:** _____

**Sex Offender Registry (This date should be the same as the fingerprints date):** _____

**Child Abuse & Neglect Screening (Submit copy of FCSR):** _____

☐ **References Verified**
☐ **Provider ran updated fingerprints and FCSR because eligibility letter is older than 6 months**

**I verify that** _____ (Name of contractor) **is cleared to work.**

**Signature of Human Resources or designee** _____ **Date:** _____

**TB Test/Screening Date (Read date):** _____ (Requirement is to be completed within 30 days of hire.)

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## Section 2 – Change in Position/Employment Status

**Change in Position:**

**Contractor Name:** _____ **Effective Date:** _____

**Title Change *(if applicable)*:** _____ **Supervisor:** _____

**Is this contractor replacing someone?** Yes or No **(Circle one)**

**Person contractor replaced:** _____

**Change in Termination Status:**

**Left while classes/home visits in session:** Yes or No **(Circle one)**

**Termination Date:** _____

**Termination Reason: (Check one)**

| | | |
|---|---|---|
| ___ Death | ___ Discharged, Misconduct | ___ Discharged, No Misconduct |
| ___ Involuntary Separation | ___ Lay-off | ___ Other Reason, Use in notes |
| ___ Quit | ___ Quit - Change in Job Field | ___*Quit - Higher Compensation |
| ___ Relocation | ___ Retirement | |

***If termination reason was Quit – Higher Compensation did employee move to state Pre-K or Other Early Childhood Program?** Yes or No **(Circle One)**

**Will this position be replaced:** Yes or No **(Circle one)**
**If no, put explanation in personnel notes below**

**Personnel Notes:**

_____

_____

_____