

NASSAU COUNTY YOUTH BOARD  
CONTRACT PERSONNEL CHANGE FORM

For Youth Board Use  
Log # \_\_\_\_\_  
Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Program #: \_\_\_\_\_

Program Name: \_\_\_\_\_ Contract Period: \_\_\_\_\_

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**ADD TO STAFF/NEW EMPLOYEE**

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Budget Title: \_\_\_\_\_

Full Time: \_\_\_\_\_ Annual Salary: \_\_\_\_\_ Payrate: \_\_\_\_\_ YB Share: \_\_\_\_\_

Part Time: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Average Weekly Hours: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Health Insurance: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Resume Attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Were references checked? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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**TERMINATION FROM STAFF**

Name: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Budget Title: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

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**CHANGE OF PAYRATE**

Name: \_\_\_\_\_ Budget Title: \_\_\_\_\_

Change Pay rate From: \_\_\_\_\_ To: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Justification: \_\_\_\_\_

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**CHANGE OF # HOURS WORKED**

Name: \_\_\_\_\_ Budget Title: \_\_\_\_\_

Change Hours Worked From: \_\_\_\_\_ To: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Justification: \_\_\_\_\_

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**CHANGE OF TITLE**

Name: \_\_\_\_\_ Budget Title: \_\_\_\_\_

Budget Title From: \_\_\_\_\_ To: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Justification: \_\_\_\_\_

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**CHANGE OF SURNAME**

Name: \_\_\_\_\_ Budget Title: \_\_\_\_\_

New Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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Agency Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Approval Y.B. Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Y.B. Auditor: \_\_\_\_\_ Date: \_\_\_\_\_