

**GIBSON COUNTY SPECIAL SCHOOL DISTRICT  
EMPLOYEE STATUS CHANGE FORM**

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**Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Employee Change – Place a            in box next to proper categories below:**

Classification		Work Location		Action	
<input type="checkbox"/>	Administrator	<input type="checkbox"/>	District Office	<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Dyer School	<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Bus Driver	<input type="checkbox"/>	Gibson Co High School	<input type="checkbox"/>	Discharge/Termination
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Kenton School	<input type="checkbox"/>	Leave of Absence
<input type="checkbox"/>	Bookkeeper/Secretary	<input type="checkbox"/>	Rutherford School	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Cafeteria	<input type="checkbox"/>	South Gibson Co Elem	<input type="checkbox"/>	Replacement
<input type="checkbox"/>	Computer Technician	<input type="checkbox"/>	South Gibson Co Middle	<input type="checkbox"/>	
<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	South Gibson Co High	<input type="checkbox"/>	
<input type="checkbox"/>	Teacher Assistant	<input type="checkbox"/>	Spring Hill School	<input type="checkbox"/>	
<input type="checkbox"/>	Other (Specify):	<input type="checkbox"/>	Yorkville School	<input type="checkbox"/>	Other (Specify):

**If a replacement, list name of person being replaced:** \_\_\_\_\_

**Effective Date(s) of Action:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

	Approval Signature(s)	Date
Administrator		
Dir. of Finance/HR		
Director of Schools		