

# EANS EMPLOYMENT FORM

## TRI-COUNTY EDUCATIONAL SERVICE CENTER

### School Year 2021-2022 District Employment Request Form (DERF)

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District: _____	Date: _____
Person to be hired: _____	Position: _____
Address: _____	<input type="checkbox"/> Special Education Position
_____	<input type="checkbox"/> ODE Licensed School Nurse <input type="checkbox"/> LPN <input type="checkbox"/> RN
_____	Effective dates of employment:
Telephone: _____	Start date: _____ End date: _____
Primary work location: _____	Supervisor: _____
District IRN: _____	Telephone: _____
Building IRN: _____	Email: _____

<input type="checkbox"/> REQUEST ESC EMAIL (complete TCCSA User Access Form)	<input type="checkbox"/> DISTRICT EMAIL (list email)
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#### WAGE INFORMATION (Complete Option 1 for CERTIFICATED or Option 2 for CLASSIFIED)

<b>1.</b>	<b>Option 1 - CERTIFICATED STAFF</b>	Nurses are certificated only if they hold an ODE School Nurse License
	A. Employee is to be paid on ESC Salary Schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B. Timesheet Employee (as needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C. Education Level - Choose one	<input type="checkbox"/> BA <input type="checkbox"/> 150 SH <input type="checkbox"/> MA <input type="checkbox"/> MA+15 SH <input type="checkbox"/> MA+30 SH <input type="checkbox"/> PhD
	D. Number of Years Experience	
	E. Number of Days In Contract	<input type="checkbox"/> Not to exceed <input type="checkbox"/> May exceed with authorized signature
	F. Number of Hours Per Day	<input type="checkbox"/> Not to exceed <input type="checkbox"/> May exceed with authorized signature
		Authorized Signer: _____
	G. Enter Salary to Be Paid                    \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Annual
	H. Is the ESC responsible for payment of substitute(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I. Lowest grade level assigned	Highest grade level assigned
<b>2.</b>	<b>Option 2-NON-CERTIFICATED STAFF (Classified)</b>	
	A. Employee is to be paid on ESC Salary Schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B. Timesheet Employee (as needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C. Number of Years Experience	
	D. Number of Work Days in Calendar	<i>(Circle Days on Calendar ( No Calendar Needed for Timesheet Employees ))</i>
	Plus 6 Mandatory Paid Holidays                    6	<i>(Holidays Circled on Calendar - As needed employees receive holidays too)</i>
	E. Total Number of Days in Contract	<input type="checkbox"/> Not to exceed <input type="checkbox"/> May exceed with authorized signature
	F. Number of Hours Per Day	<input type="checkbox"/> Not to exceed <input type="checkbox"/> May exceed with authorized signature
		Authorized Signer: _____
	G. Enter Salary to Be Paid                    \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Annual
	H. Is the ESC responsible for payment of substitute(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I. Qualified Paraprofessional	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HEALTH INSURANCE INFORMATION & SUPERINTENDENT SIGNATURE ON PAGE 2 OF THIS FORM  
MUST BE COMPLETED.**

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**HEALTH INSURANCE ELIGIBILITY**

(Check 1 of 4 options below. For Options 1 and 2, circle type of coverage - single or family.)

If the prospective employee meets the following criteria, **they will be** eligible for health insurance coverage which includes medical and dental coverage, as well as board paid life insurance of \$38,000.00.

1. Full-time Insurance Coverage - Employee is employed full-time for a minimum of 1,104 plus hours per year

<u>Employee Cost Per Month</u>		<u>Employer Cost Per Year</u>	
Single Coverage	\$111.06	Single Coverage	\$7,665.48 (12 months)
Family Coverage	\$269.34	Family Coverage	\$18,391.92 (12 months)

2. Part-time Insurance Coverage - Employee works a minimum 736 hours per year

<u>Employee Cost Per Month</u>		<u>Employer Cost Per Year</u>	
Single Coverage	\$686.96	Single Coverage	\$684.00 (12 months)
Family Coverage	#####	Family Coverage	\$1,380.00 (12 months)

3. No Insurance Coverage - Employee works less than 736 hours per year or is currently not eligible for benefit

4. The employee states no insurance coverage needed (ESC will send waiver form to employee)

**OTHER BENEFITS TO BE COVERED BY THIS CONTRACT (Please check if applicable)**

- 1. Mileage (Estimate amount to be paid) \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Professional Development Allowance (Indicate amount) \_\_\_\_\_ \$ \_\_\_\_\_
- 3. College Tuition Reimbursement (Indicate amount) \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_

Employees will be paid when all payroll forms are on file in the Treasurer's Office at Tri-County ESC.

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

*By signing this form, your district agrees to assume full responsibility for all costs associated with the employment of the above-named individual, including but not limited to wages, benefits, workers compensation, unemployment, calamity days and legal fees.*

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date \_\_\_\_\_

**ESC Office Use Only:**

Date of Board of Education Approval \_\_\_\_\_ Employee's ODE License # \_\_\_\_\_

EMIS Funding Source \_\_\_\_\_

EMIS Position Code \_\_\_\_\_