

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
EMPLOYEE ENROLLMENT FORM

Submit all copies to the Human Resources Office

No one will be employed until an original Social Security Card
and valid picture identification have been presented to the Human Resources Department.

Check one:

- ☐ Administrative
☐ Instructional
☐ Professional Support Staff
☐ Substitute

Name _____ Employee ID Number (HR Use Only) _____

Country of Citizenship _____ Alien Registration # _____

Date of Birth _____ Race _____ Sex _____

Worksite Name _____ Facility # _____

Employee Physical Address _____ Phone _____
Street City State Zip (Include Area Code)

Mailing Address (If different from above) _____
Street City State Zip

Position # _____ Subgroup # _____ Pay Type _____ Hours Per Day _____

Position Name _____ Course Code #(s) _____

Check one of the following: **(The following area must be completed for School Board agenda reporting)**

☐ New Allocation ☐ Replacement For _____ Exit Date _____ Date Vacancy Advertised _____

Status (Check one of the following):

- ☐ Regular ☐ Short Term Contract – Ending Date _____
☐ Substitute Employee, OPS Object 751, Salary Replacement _____ Exit Date _____
☐ Substitute Employee/Extra Help (Object 750 – OPS Contract Attached)

Salary Distribution: **(This section must be completed in order to charge position correctly and to process Enrollment Form)**

FY (2)	FUND (3)	CENTER (4)	PROJECT (7)	FUNCTION (4)	OBJECT (4)	PRG (3)	S (1)	%

Special Funding Administrative Signature:
(Must have appropriate signature for special funding of position)

Has this individual ever received Worker's Compensation? _____ If yes, explain: _____

EMPLOYEE SIGNATURE DATE PRINCIPAL/SUPERVISOR/DEPARTMENT HEAD DATE

HUMAN RESOURCES DEPARTMENT USE ONLY

Date of Employment _____ HR Records _____ Agenda date _____

Pay Level _____ Years Verified _____ Salary or Hourly Rate _____

Slot# _____ W-4 Code _____ Pay Type _____ Contract Status _____

Sick Leave **Sick Leave** **Vacation**
Date Earnings Begin _____ Date/Amt Adv Credited _____ Date Earnings Begin _____

Pay Level and
Experience Verified _____

SUPERVISOR – HUMAN RESOURCES DEPARTMENT _____ Date _____

Route: (Date & Initial)

Position Control: _____	FACILITY	POSITION NUMBER	SUB GROUP	START	ENDING	REASON
Sent to Finance: _____						
Sent to Insurance: _____						

White: Human Resources Green: Position Control Yellow: Payroll Pink: Insurance Gold: Worksite or Program Office FC-120-0184 (r. 04/18/25)