



THE HARKER SCHOOL

SUMMER NEW HIRE STATUS FORM



Employee Name: _____ Under 18: ☐ yes ☐ no Hire Type: ☐ Rehire ☐ New ☐ Existing

Section 1: Hiring Manager Checklist (Please confirm the following are sent to HR)

☐ Employment Application ☐ Resume (if applicable) ☐ Interview Notes ☐ References

HR will not begin the hiring process until all the required documents are submitted. If you have questions about your applicant, please contact HR@harker.org.

Section 2: New Employee Information

☐ Hourly ☐ Salary ☐ Full-Time ☐ Part-Time

Start Date: _____ End Date: _____ Job Title: _____

Dept: ☐ Camp + ☐ ELI ☐ Institute MS ☐ Institute US ☐ Swim ☐ S@TC ☐ Speech & Debate ☐ DECA

Paycom Supervisor: _____ (Approve timesheets/time off requests)

Session Date	Session	Division	Salary Compensation
	Prep Week		\$
	Training Week		\$
	4 weeks	Lower School	\$
	2 weeks A	<input type="checkbox"/> Lower School <input type="checkbox"/> Middle School	\$
	2 weeks B	<input type="checkbox"/> Lower School <input type="checkbox"/> Middle School	\$
	2 weeks C	<input type="checkbox"/> Lower School <input type="checkbox"/> Middle School	\$
	1 week	Lower School	\$
	6 weeks	Upper School	\$
	3 weeks	Upper School	\$
	3 weeks	Upper School	\$
	2 weeks	Speech & Debate	\$
	2 weeks	Conservatory	\$
	3 weeks	Conservatory	\$
	TBA	Swim School	\$
	English Language Institute	<input type="checkbox"/> Lower School <input type="checkbox"/> Middle School	\$
	Advanced English Language Institute	Middle School	\$
	1 week	DECA	\$
	1 week	DECA	\$
Total Compensation			\$

Hourly Rate (non-exempt): _____

Salary (exempt): _____ Training Salary (Exempt Only): _____ Total Salary: _____

Location: ☐ Upper School ☐ Middle School ☐ Lower School

Shift Schedule (ex: Mon.-Fri., 4-6 p.m.) _____

(Continued on next page)

Section 3: Secondary Job

Secondary Job Title: _____

Hourly Rate (non-exempt): _____

Salary (exempt): _____ Training Salary (Exempt Only): _____ Total Salary: _____

Location: ☐ Upper School ☐ Middle School ☐ Lower School

Section 4: For Summer and HR Office Only

Pay Type (Salaried Only) _____ Paycom Department _____

Section 5: Changes

Please sign and date digitally and send to HR.

Manager Signature: _____ Date: _____

Summer Office Signature: _____ Date: _____

HR Signature: _____ Date: _____