

# Limestone Charter Association

## Professional Certified Staff (PCS) Form



Items marked with an \* are required fields

Please print a copy for your records.

Select the Employee Status *	
School Name: *	
Submitted By: *	
Email of person submitting form:	
Contact Number:	
Date Submitted *	
Employee's (Legal) Name (as on birth certificate, driver's license, or SS card) *	
Employee Educator ID Number: *	
Date of Birth: *	
Race:	
Employee's Email:	
Employee Job Title or Position Code: * <a href="#">Position Code List</a>	
Brief Job Description: * (Ex. 3 <sup>rd</sup> Grade Math Teacher)	
Employee Start Date: *	
Employee FTE Portion: (Ex.: 1.0, .82, or .5)	Enter 1.0, .82, or .50
First 135 Days Employed: * (Ex.: 135 out of 135, 125 out of 135)	
Total Days Employed: (ex. 120, 180, 190) * (Ex.: 190 out of 190 unless started later than the first day of school)	
Annual Salary: * (This should be the same as contract salary amount.)	
What amount of the salary is Federal Funds? (If employee is paid full or part with federal funds.)	

Is this person employed in two positions?	
If yes, enter Position Code and Salary (also indicate Federal salary amount if any)	
Classified as a Teacher: (If yes, complete information below)	
National Board-Certified Teacher:	
Specify Certificate Number:	
ADEPT Contract Type:	
ADEPT Contract Level	
UPDATE Change Effective Date: (only complete if sending in updated information)	
Terminated Employee's Last Day Worked:	
Employee Termination Date:	
Amount of Terminated Employee's salary received while working:	
Employee Reason for Termination:	
Transferring to Other State Entity?	
District or State Entity Name Transferring to:	
SCDOE Regulation 43.58.1 – Was this employee dismissed, resigned, or is otherwise separated from employment with that district (charter school) based on allegations of misconduct including, but not limited to, misconduct involving drugs, sexual misconduct, the commission of a crime, immorality, moral turpitude, or dishonesty?	If yes, indicate reason below
Additional Information:	

Once information is entered, please save and print this form for your records.  
The save button allows you to save the file to your computer and send to LCA for processing via email.  
The reset button will clear the form to allow you to enter additional employees.