

Yough School District

Human Resources Tracking Form

Effective Date: _____

- New Employee
 Existing Employee

Employee Name: _____ **Username:** _____

Title: _____ **Building:** _____

Phone: _____ **Email Address:** _____

Reason for Change:

FOR
OFFICE
USE
ONLY

System/Item	Add	Change	Delete
Network/Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voicemail/Virtual Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerSchool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSIU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IEPwriter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Call System (Blackboard Connect)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SchoolDude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MERP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel Web Portal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ (Please list other system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Sign Offs by Department:

Supervisor/Requestor Signature: _____ Date: _____

Routed to: _____

Completed by Signature: _____ Date: _____

(Once completed, please forward form to the Superintendent for signature and placement in employee personnel file)

Cc: Personnel File

(Superintendent Signature/Date)