



Global Learning Charter Public School

Substitute Application

PART A: Employee Masterfile Information											
Company Name Global Learning Charter Public School			Original Hire Date			Social Security Number					
First Name				M.I.	Last Name						
Date of Birth ____/____/____ mm dd yyyy		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		Race/Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Other					
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No		Emergency Contact: Name: Preferred phone #: ()			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced						
Military Branch:		Beneficiary: Name: Relationship:			Number of Exemptions: Federal: State: Additional Amt. withheld \$ _____						
Service in (war):			Home Address:			City		State:	Zip Code:		
Preferred Contact #: <input type="checkbox"/> Home <input type="checkbox"/> Cell			Home Phone #:			Cell Phone #:					
Personal Email Address:			Electing: <input type="checkbox"/> Health <input type="checkbox"/> Dental If not, please include Waiver								
MTRB Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No		MTRB Rate: <input type="checkbox"/> 8% <input type="checkbox"/> 8%+2% <input type="checkbox"/> 9% <input type="checkbox"/> 9%+2% <input type="checkbox"/> 11%		Certification Number: Certification Issuer: <input type="checkbox"/> DESE Other _____			Issue Date: ____/____/____				
PART B: TO BE COMPLETED BY EMPLOYER											
Start Date		Original Transcripts Received (Y / N)		<input type="checkbox"/> Para <input type="checkbox"/> Clerical <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Custodial <input type="checkbox"/> Food Service		School (Middle School / High School)					
Department		Supervisor			Scheduled Hours						
Employee Type: <input type="checkbox"/> Regular <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> S (Substitute) <input type="checkbox"/> C (Consultant) <input type="checkbox"/> Summer Help			Pay Rate \$ _____ per _____ Any garnishment orders, including child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide copies.			Classification <input type="checkbox"/> Hourly <input type="checkbox"/> Salary Only <input type="checkbox"/> Salary w/ OT		Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time		FLSA Classification <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
Director of Business Signature X _____ Date _____											
403B Participation Plan Code: Eligibility Date: EE Deduction: \$ _____ or _____ %		Benefit Deductions Eligible Date _____		Pre Tax	After Tax	Individual		Family			
		Health Insurance									
		Dental Insurance									
		Eligible for Ancillary Benefits		Yes	No						
OBRA Plan: <input type="checkbox"/> Flat 7.5% contribution		STD/LTD									
Additional Employee contribution:		Basic Life									
EE Deduction: \$ _____ or _____ %		Other: _____									