



ARIZONA AUTISM
CHARTER SCHOOLS, INC.

Fiscal Year: 20____ - 20____

Check one:

____ New Position ____ Change ____ Termination

Employee Name	Social Security No.
Address	City
State	Zip Code
Employee Hire Date	Is Employee Certified by AZ Dept of Education? Please circle: Y / N
First Work Day	Last Work Day
Job Title	Annual Salary / Hourly Rate
____ Elementary ____ Upper Campus ____ High School	Number of Pays for Salaried Employee: ____ 22 Pays ____ 24 Pays

Deductions (if applicable):

<p>MEDICAL INSURANCE Choose One: ____ Bronze PPO Plan (Low Plan) ____ Silver Banner Plan (Mid Plan) ____ Silver PPO (High Plan)</p> <p>Choose One: ____ Employee Only ____ Employee & Spouse ____ Employee & Child(ren) ____ Employee & Family</p>	<p>____ Continuing with same deductions as prior fiscal year.</p> <p>____ Decline</p>	<p>DENTAL INSURANCE Choose One: ____ Dental Low Plan ____ Dental Mid Plan ____ Dental High Plan</p> <p>Choose One: ____ Employee Only ____ Employee & Spouse ____ Employee & Child(ren) ____ Employee & Family</p>	<p>____ Continuing with same deductions as prior fiscal year.</p> <p>____ Decline</p>
<p>VISION INSURANCE Choose One: ____ Employee Only ____ Employee & Spouse ____ Employee & Child(ren) ____ Employee & Family</p>	<p>____ Continuing with same deductions as prior fiscal year.</p> <p>____ Decline</p>	<p>401K Choose One: ____ 3% Deduction per pay period</p> <p>Or</p> <p>_____ per pay period</p>	<p>____ Continuing with same deductions as prior fiscal year.</p> <p>____ Decline</p>
<p>SUPPLEMENTAL LIFE ____ YES ____ NO</p>		<p>NOTE: The appropriate enrollment forms must be completed to participate in these programs.</p>	

Withholdings (if applicable):

____ Continuing with same withholdings as prior fiscal year.

Employee Signature	Date
HR Manager/Operations Manager Signature	Date