



""TRANSFER AND ASSIGNMENT EMPLOYMENT ""INFORMATION FOR CHARTER SCHOOL TEACHER

DOE OHR 422/22;

""""Last Revised: 01/01/2011

Former DOE Form(s): 101e

DEPARTMENT OF EDUCATION

Office of Human Resources

Records and Transactions Section, Certificated

P.O. Box 2360 Honolulu, HI 96804

""Note: Form to be submitted AFTER transfer to DOE is verified.

""INSTRUCTIONS TO FORMER DOE EMPLOYEE RETURNING TO THE DOE FROM A CHARTER SCHOOL:

1. SECTIONS I, II AND III - Former DOE EMPLOYEE to complete.
2. SECTION IV - Submit to CHARTER SCHOOL DIRECTOR/AUTHORIZED OFFICIAL with whom you were employed for completion

I. EMPLOYEE INFORMATION

Name: _____ Last 4 digits of SSN: _____
 Last First M.I.
 Address: _____ City: _____ State: _____ Zip: _____
 Name of DOE school transferring to: _____

II. EMPLOYEE'S RESPONSIBILITIES

1. INCOME TAX WITHHOLDING EXCEPTIONS AUTHORIZED FOR PAYROLL DEDUCTION - The number of income tax withholding exceptions authorized for payroll deduction **will remain identical to those authorized when last employed by the DOE** unless new W-4 and HW-4 forms are submitted.
2. NAME CHANGE - Any name change that took place after leaving the DOE will not be reflected unless a **copy of your Social Security card bearing your new name is submitted.**
 My former name under DOE employment was: _____
 Last First Middle

III. AUTHORIZED SIGNATURE

I hereby authorize the release of the following information regarding my previous employment with the Charter School.

Date: _____ MM/DD/YYYY DOE Employee Signature: _____

IV. VERIFICATION OF EMPLOYMENT - CONTRACTED EMPLOYMENT ONLY; EXCLUDING LONG-TERM LEAVES OF ABSENCE, SUBSTITUTE TEACHING

Information below must be completed by CHARTER SCHOOL DIRECTOR/AUTHORIZED OFFICIAL of the school. Please use a SEPARATE line for each year of school service.

School Name	Position Title	Grade(s) and Subject(s) Taught	DATES OF SERVICE		No. of Mos. In Sch. Yr.	No. of Mos. Taught*	Completed Semester*		Employment Status Hrs.			
			From MM/DD/YY	To MM/DD/YY			Yes	No	Full Time	Half Time	No. of Hrs. Worked Per Day	

REMARKS:

Charter School Director/Authorized Official Signature: _____
 Position Title: _____
 Name of Charter School: _____
 Address (including City, State, Zip Code): _____
 Telephone Number: _____ Date: _____
 MM/DD/YYYY

* FOR SERVICE OF FIVE (5)
 MONTHS OR LESS, PLEASE
 SPECIFY IF COMPLETED
 SEMESTER.