

# SWCD INCOMING STAFF

<b>DISTRICT:</b>	"SELECT DISTRICT"
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<b>EMPLOYEE NAME:</b>
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<b>POSITION</b>	"SELECT POSITION"
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<b>HOURLY RATE OF PAY:</b>
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<b>START DATE:</b>
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<b>DNR Mapping Tool Access</b>	"SELECT"
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<b>Health Insurance</b>	"SELECT"
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<b>Effective Date:</b>
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<b>Retirement</b>	"SELECT"
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<b>Effective Date:</b>
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*\*\* If incoming staff member is an INTERN, please complete & submit "Incoming Intern" form as well.*

<b>SIGNATURE APPROVAL</b>
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**BOARD MEMBER SIGNATURE**

**DATE**

Please submit board approved form to: [soil&waterconservationprogram@swcd.mo.gov](mailto:soil&waterconservationprogram@swcd.mo.gov)