School Nurse Staff Change Form

The School Nurse Funding Initiative contract requires *that the Contract Administrator within the Division of Child and Family Well-Being be notified within four (4) days after a change in a school nurse position. Title V/351 funded school nursing position changes should also be submitted in a timely manner.*

**Instructions:** Complete this form when there is a new hire or vacancy for the School Nurse Funding Initiative program, or a Title V/351 funded school nurse. **Complete only the section which relates to the current change being reported.** If the funded position is being filled from within, list the nurse who is leaving in Section B and complete Section A indicating that the new hire is a transfer from an existing position. Include the plans to recruit/hire the local vacancy at the end of Section B. The form can be saved/scanned and sent as an email attachment to your [**Regional School Health Nurse Consultant.**](https://www.ncdhhs.gov/divisions/child-and-family-well-being/whole-child-health-section/school-adolescent-and-child-health/school-nursing-support#Contacts-4321)

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| **COMPLETE THIS SECTION FOR ALL NOTIFICATIONS** Program: [ ]  803 (SNFI) [ ]  351 (Title V) County:       PSU Name:        PSU #       Lead Nurse / Supervisor:       Phone number:      Email address       |
| **Section A - Complete *within 4 days* of a position being HIRED** Name of School Nurse       Employment [ ]  10 months [ ]  11 months [ ]  12 months Was this a new hire? [ ]  Yes [ ]  No Hire Date

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| Was this a transfer from an existing school nurse position? | [ ]  Yes [ ]  No  | Transfer Date        |
|   |   |   |

 Email address        Phone number         |
| **Section B - Complete *within 4 days* of a position being VACATED** Name of person resigning/transferring       Last date of employment

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| Plans to recruit/rehire       |

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