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   |  |  |  | | --- | --- | --- | | 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     |  | | --- | | Plans to recruit/rehire | |