

# SCHOOL LOGO...

## PERSONAL FILE TEACHING & SUPPORT STAFF

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[First name] [Last name]

Position

MoE # 007

Authorised File Manager ~ [Principal name]/Principal

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### File Update Record

Date	Signature File Manager

Date	Signature File Manager

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ü when completed and in file

1. NEW APPOINTMENT (to be completed prior to employee starting)

Recruitment

- o Advertising material (if any)
- o Completed [application form](#) (and much more useful appointment info ex NZSTA)
- o Curriculum vitae
- o Any written references provided with application
- o Position description and person specification
- o Proof of completed [Safety checking](#) including:
  - o Recruitment records (matrices: shortlist, interview, decision-making)
  - o Proof of completed reference checks
  - o Police vet (if not registered with current practising certificate with Teaching Council)
  - o Photocopy of two forms of ID signed by authorised file manager as being the same photograph as employee (preferably passport and driver's licence)
  
- o Copies of any qualifications relevant to the position (the original must be sighted by the authorised person) and the copy certified by them as a true record of the original
- o Copy of current practising certificate or Limited Authority to Teach (if applicable)
- o Letter of offer, including coverage for first 30 days within the respective collective agreement and signed by both parties
- o [MBIE Active Choice Form](#)

Contractual and Remuneration

- o Signed individual employment agreement only after first 30 days if employee does not wish to join the union
- o *Summary of Employment* details completed below

KiwiSaver/Superannuation

- o [Retirement savings options](#) (Novopay)

General

- If relevant, copy of visa [proving eligibility to work in NZ](#)
- Signed Code of Conduct
- Training Records

Payroll

- o Direct credit authority form
- o Authority for payroll deductions
- o Tax code declaration: [IR330](#)

Induction

- [Induction template](#) incl health and safety training (NZSTA New Employee Prep/Induction... v.30.1.2017)
- Personal Details* completed below: contact information, emergency contacts, information on pre-existing medical conditions etc
- List of any equipment issued and signed for (ie laptop, ID card, cell phone, keys etc)

On new appointment: Completed, signed \_\_\_\_\_

Date \_\_\_\_\_

*Authorised file manager*

2. ONGOING INFORMATION (to be updated as required or yearly)
- o Summary of employment details
  - o *Personal Details*: contact information, emergency contacts and medical information
  - o Leave requests
  - o Copy of current practicing certificate/limited authority to teach or current police vet (within last 3 years, if a non-teacher)
  - o Proof of current completed safety checking (every three years)

Professional Practice - Mahi Ngaiotanga

- o Job Description (annually reviewed, if required)
- o *Our Code Our Standards* – teacher aware of standards for ethical behaviour and expectations of effective practice
- o Professional Growth Cycle documentation
- o Competence Concerns
- o Conduct Concerns

Disciplinary Review

- |                     |                                          |
|---------------------|------------------------------------------|
| o Verbal warning    | o Correspondence                         |
| o Written warning   | o Mediation records (sealed in envelope) |
| o Interview records | o Outcomes                               |
| o Investigations    |                                          |

Leave

- o Leave taken
- o Requests to cash up leave
- o Sick leave
- o Other leave (e.g. discretionary, ACC, Jury attendance)

Termination

- o Letter of resignation
- o Acceptance of resignation or confirmation
- o Exit interview
- o Employee leaving checklist (e.g. keys, access cards, laptop, resources)

NB Sign and date the record on page 1 whenever information is updated or reviewed

# Employment Details 2021

Updated 20 May 2021

This page constitutes a summary of information held for your file only. Please check this then sign and return one copy. Alternatively, please contact me to address any errors or concerns.

Name											Phone/s							
Address											Gender							
											Ethnicity							
Personal Email											Birth Date							
Position											MoE Number							
IRD #											Commencement Date							
Bank Account #																		
Union Member	Yes / No										Written Employment Agreement	IEA / CA						
Employment Tenure	Permanent / Fixed																	
Anniversary Date for Appraisal/Increment	-										If Fixed Term, ends...	-						
Method	Timesheet Only Term-time Only Full-time 52 wk										Part-time 52 wk							
Signed	Cybersafety Agreement					Code of Conduct					Retirement Saving (TRSS)				Yes / No			
	Yes / No					Yes / No					Options Provided?				Yes / No			
Teacher Reg #											Practising Cert due							
Vetting Date	-			Due Next			-				Driver's Licence #							
Beginning Teacher	Yes / No / NA										Tutor				-			
PLD/Training Prog	Yes / No			-														
Salary Units (Not 3R payments)	Perm =										Middle Management Allowances				Perm =			
	Fixed =														Fixed =			
Other Allowances or Payments																		
Teacher Salary Scale / Step											Hourly rate Or Salary							
Non-Teaching Employee											Paid by				TS / BG / Other			
Holiday and Leave Record	Recorded			Yes / No / NA							Annual Leave Balance				-			
											Annual Leave Entitlement							
Wages and Time Record	Recorded			Yes / No							Sick Leave Balance							
											Sick Leave Entitlement							

Copy for record and employee.

# Personal Details 2021

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First Emergency Contact Details			
Surname:		Forename(s):	
Title:		Preferred Name:	
Relationship to employee:			
Contact address:			
Personal Email			
Work Telephone:			
Personal Mobile:			
Work Mobile:			
Second Emergency Contact Details			
Name:			
Relationship:			
Home Telephone:			
Mobile:			
Work Telephone:			

Medical conditions the school should know about in the case of an emergency?		
Are there any?	Yes/No	If yes, please write details below including any medications being taken on a prescription.

Employee Sig: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Sig: \_\_\_\_\_

Date: \_\_\_\_\_