This is a blank form for all of the fields that are asked on the Certificated Staff Report.

STATUS	SSN	TRACKING #	LAST NAME	FIRST NAME

MI	SEX	RACE	DEGREE	EXP DIST	EXP NJ	EXP TOT	SALARY

EXSAL	YOB	EMP TYPE	ENTER CODE	LEAVE CODE

JOB CODE 1	JCS 1	FTE 1	TP 1	CT 1	HQ 1	CL TA 1	GL 1	NBC 1

JOB CODE 2	JCS 2	FTE 2	TP 2	CT 2	HQ 2	CL TA 2	GL 2	NBC 2

JOB CODE 3	JCS 3	FTE 3	TP 3	CT 3	HQ 3	CL TA 3	GL 3	NBC 3

JOB CODE 4	JCS 4	FTE 4	TP 4	CT 4	HQ 4	CL TA 4	GL 4	NBC 4

JOB CODE 5	JCS 5	FTE 5	TP 5	CT 5	HQ 5	CL TA 5	GL 5	NBC 5

JOB CODE 6	JCS 6	FTE 6	TP 6	CT 6	HQ 6	CL TA 6	GL 6	NBC 6