

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS  
FSMC LABOR TRANSITION FORM**

Name of District: \_\_\_\_\_

County/District Code: \_\_\_\_\_

Start Date of the **ORIGINAL** FSMC Contract: \_\_\_\_\_ (Example: 7/25/20XX)

*\*This one form can be used for the duration of the 5 year contract between the SFA & FSMC..*

*\*This form must be sent to the State Department every time a new employee goes with FSMC.*

Name of Employee Who Left the District AND/OR Name of Employee Hired by the FSMC	Date NEW Employee Start- ed with FSMC	Date Employee LEFT the District	Contract Year Hire Started with FSMC	The FIXED- PRICED Rate charging for New Hire
<b>Current Total Number of Employee(s) the FSMC is Charging the District:</b>		<b>Total Fixed-Price Fee added to Meal Rate for ALL Employees:</b>		

I certify that the employees listed have either left the district or the new hire is now being paid for by the FSMC. The district and FSMC have a transition plan in place allowing the FSMC to charge the district for employees who have left and the new employee is hired by the FSMC. The FSMC can only charge the district once the new hire starts and is being paid for by the FSMC.

\_\_\_\_\_  
Signature of Authorized Representative at the District

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative for the FSMC

\_\_\_\_\_  
Date

