

## Personnel Action Form

☐ Notice to Advertise   
 ☐ New Position   
 ☐ Existing Position   
 ☐ Transfer (Include details in notes)

☐ Hours/Days Change   
 ☐ Rehire:   
 Employee Replacing \_\_\_\_\_

School: \_\_\_\_\_ Department: \_\_\_\_\_

Originator: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Employment: ☐ Certificated    ☐ Classified    ☐ Management    ☐ Non-Management

Position Title: \_\_\_\_\_ ☐ Full Time / ☐ Part Time

Number of Hours Per Day: \_\_\_\_\_ Time of Assignment: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Employment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ No. Days Per Yr. \_\_\_\_\_

### EXPLANATION FOR NEED/CHANGE:

### Budget Information:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	%
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

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

### ADMINISTRATIVE APPROVAL

<b>HUMAN RESOURCES</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved  Comments: _____  Signature: _____ Date: _____	<b>EDUCATION SERVICES (for Categorical Funds Only)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved  Comments: _____  Signature: _____ Date: _____
<b>BUSINESS SERVICES</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved  Comments: _____  Signature: _____ Date: _____	<b>SUPERINTENDENT</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved  Comments: _____  Signature: _____ Date: _____