



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

<p>HUMAN RESOURCES <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Comments: _____</p> <p>Signature: _____ Date: _____</p>	<p>UNION INPUT <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Comments: _____</p> <p>Signature: _____ Date: _____</p>
<p>BUSINESS SERVICES <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Comments: _____</p> <p>Signature: _____ Date: _____</p>	<p>SUPERINTENDENT <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Comments: _____</p> <p>Signature: _____ Date: _____</p>

HUMAN RESOURCES USE ONLY

Employee Name: _____	
Hire Date: _____	Board Approval Date: _____