Personnel/Payroll Action

Certificated & Classified Employees

EMPLOYEE NAME: _____		**Date** _____ **School Year** _____
Check one:	**Check one:** (if appropriate)	**Check one (if appropriate):**
☐ Certificated Employee	☐ New Position ☐ Replacement	☐ Retirement ☐ Resignation ☐ New Hire ☐ Stipend ☐ Leave of Absence
☐ Classified Employee	Replaced Employee: _____	☐ Other (explain below): **Job Number (Required):** _____

CHANGE FROM:

Position/Status: _____ Location: _____

Budget Code

Budget Code	FTE	Hours	Rate	Class	Step	Days	Days Remaining
Total Hours Per Day:			Stipend:				

CHANGE TO:

Position/Status: _____ Location: _____

Budget Code

Budget Code	FTE	Hours	Rate	Class	Step	Days	Days Remaining
Total Hours Per Day:			Stipend:				

Reason for Change/Comments:

APPROVALS

Effective Date: _____ Ending Date: _____ Will hours be submitted on timesheet monthly? ☐ Yes ☐ No

Principal or Administrator _____ Project Manager or Director _____

Signature Date Signature Date

Approval: _____ _____

Human Resources Administrator Date Finance Administrator Date

Copies To: _____ Payroll _____ Job Folder _____ Board Report ORIGINAL TO HUMAN RESOURCES