

REQUEST / APPROVAL FOR PERSONNEL ACTION CHANGE

Submitted by:		Date:	
Last Name:		First Name:	MI:
SSN#:		Sex:	Race:
Current School/Dept:		Current Position:	
Current Calendar:	10 Month	11 Month	12 Month F/T P/T
Employee Signature:		Supervisor Signature:	

Signatures acknowledge and approve all information and requests listed in any or all sections of this form.

TRANSFER/PAY/CERTIFICATE CHANGE		Effective Date:	Funding Source:
** Completed by receiving school/department**			
Employee Replaced (if applicable):			
Receiving School/Dept:		New Position:	
New Calendar:	10 Month	11 Month	12 Month F/T P/T
Certified	Classified	Certification:	
Please attach certification/experience documentation, as necessary, for any changes			
<u>Personnel Use Only</u>		<u>Reason for Transfer/Pay Change</u>	
Pay Status Change (hours/calendar/scale/step)		Voluntary	RCBOE Action: _____
Administrative Transfer (retain salary one year)		Surplus	Other: _____
Certification/Experience Change			
To be completed for any changes, otherwise, mark as N/A			
New PCN Code:	New POS Code:	New Location Code:	New Key Index: Org Key and Object:

SEPARATION		Last Day Worked:	
Separation Type:	Termination	Resignation	Non-Renewal
	Retirement	Job Abandonment	Other: _____
Has signed Contract for next year:	Yes	No	N/A
** Please attach employee letter of resignation or retirement. **			
Forwarding Address:			
Street or Box No. City State Zip Phone			
Reason for Separation:			
<u>Personnel Use Only</u>			
Condition of Rehiring:			

LEAVE REQUEST		Effective Date:
Leave Type:	FMLA	Military Other: _____
** Persons requesting FMLA must meet basic employment requirements.		
Medical documentation must be submitted for absences exceeding three (3) consecutive days. **		
Received By:		Date Received:
Approved By:		Date of Approval:
<u>Personnel Use Only</u>		
Routing:	Signoff/Date Received	Signoff/Date Completed/Forwarded
HR:		
Position Control:		
HR / Payroll:		
Accounting:		

PLEASE RETURN TO HUMAN RESOURCES WITH
REQUESTED DOCUMENTATION ATTACHED