



Westport Community Schools

AFSCME Personnel Action Form

Date:

Applicant Information

Employee Number: _____ Email Address: _____

Applicant Name: _____
Last *First* *M.I.*

Address: _____

Phone Number: _____ Cell Number: _____

Job Title: _____ Replacing: _____

School: _____ Grade/Subject: _____

Start Date: _____ Hours Per Week: _____

Degree: _____

Salary Information

STEP: _____

HOURLY RATE: \$ _____

Stipends

Grant Funded:

Title 1:

Yes

No

Date

COMMENTS: