



# Westport Community Schools

## Teacher 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: \_\_\_\_\_

MEPID: \_\_\_\_\_ Certification Type: \_\_\_\_\_

Highly Qualified: \_\_\_\_\_ Degree/MTELEs: \_\_\_\_\_  
\_\_\_\_\_

### Salary Information

B    B+15    B+30    B+45/M    M+15    M+30    CAGS    DOCT.

STEP: \_\_\_\_\_

### Stipends

Stipend Salary: \_\_\_\_\_ Stipend Description: \_\_\_\_\_

\_\_\_\_\_ *Date*

COMMENTS: