



**Fabens Independent School District**

**PERSONNEL REQUISITION FORM**

**Employee ID:** \_\_\_\_\_ **Employee Name:** \_\_\_\_\_ **Action Code:** \_\_\_\_\_

**Campus/Department:** \_\_\_\_\_ **Replacement for:** \_\_\_\_\_

<b>Action Code:</b>	<b>N</b> New Position	<b>R</b> Replacement	<b>P</b> Pay Level/ Assignment Change	<b>T</b> Transfer	<b>O</b> Other	<b>F</b> Change Funds
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Action Code	Position	Effective Date	Contract Total	# of Days/HRS	Salary	Budget Code	Fund Portion
Main Assignment						a.	
						b.	
New Assignment							
Stipend 1							
Stipend 2							
Stipend 3							

Transfer Approval	Date
Releasing Principal/Director:	
Receiving Principal/Director:	

Administrative Approval	Date
Principal/Director _____	_____
Human Resources Director _____	_____
Federal Programs Director _____	_____
Chief Business Officer _____	_____
Assistant Superintendent _____	_____
Superintendent _____	_____

Complete this form for **transfers, new or replacement** positions, **extra duty-days or hours**, or **any change in assignments**. If extra duty or overtime is being requested, indicate manner of payment. The primary source of payment for extra duty or overtime worked is compensatory time for all non-exempt employees.

SUBMIT THIS FORM TO THE HUMAN RESOURCES DEPARTMENT.

**Approval is required before any action is taken.**