

**REQUEST / APPROVAL FOR PERSONNEL ACTION CHANGE**

<b>Submitted by:</b>		<b>Date:</b>	
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
<b>Employee Signature:</b>		<b>Supervisor Signature:</b>	

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

<b>TRANSFER/PAY/CERTIFICATE CHANGE</b>		<b>Effective Date:</b>	<b>Funding Source:</b>
<b>** Completed by receiving school/department**</b>			
Employee Replaced (if applicable):			
Receiving School/Dept:		New Position:	
New Calendar:		10 Month	11 Month
		12 Month	F/T
			P/T
Certified	Classified	Certification:	
<b>**Please attach certification/experience documentation, as necessary, for any changes**</b>			
<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	<b>**To be completed for any changes, otherwise, mark as N/A**</b>		
New PCN Code:	New POS Code:	New Location Code:	New Key Index:
Org Key and Object:			

<b>SEPARATION</b>		<b>Last Day Worked:</b>	
Separation Type:	Termination	Resignation	Non-Renewal
	Retirement	Job Abandonment	Other: _____
<b>Has signed Contract for next year:</b>	Yes	No	N/A
<b>** Please attach employee letter of resignation or retirement. **</b>			

<b>Forwarding Address:</b>				
Street or Box No.	City	State	Zip	Phone

<b>Reason for Separation:</b>
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<u>Personnel Use Only</u>
<b>Condition of Rehiring:</b>

<b>LEAVE REQUEST</b>		<b>Effective Date:</b>	
Leave Type:	FMLA	Military	Other: _____
<b>** Persons requesting FMLA must meet basic employment requirements.</b>			
<b>Medical documentation must be submitted for absences exceeding three (3) consecutive days. **</b>			

<b>Received By:</b>		<b>Date Received:</b>	
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<b>Approved By:</b>		<b>Date of Approval:</b>	
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<u>Personnel Use Only</u>		<u>Signoff/Date Received</u>	<u>Signoff/Date Completed/Forwarded</u>
Routing:	HR:		
	Position Control:		
	HR / Payroll:		
	Accounting:		

PLEASE RETURN TO HUMAN RESOURCES WITH  
REQUESTED DOCUMENTATION ATTACHED