



Weldon City Schools

Personnel Action Form

Name _____ Date: _____

Address _____ SS#: XXX-XX- _____

_____ Phone: (____) ____-____

Personnel Info

☐ New Hire ☐ Transfer ☐ Replacing: _____

☐ Permanent ☐ Temporary ☐ Interim ☐ Full-Time ☐ Part-Time

Classified Position	Certified Position	Position Location	Contracts Months
☐ Adm. Asst.	☐ Administrator	☐ WCS	☐ 10
☐ Teacher Asst.	☐ Principal	☐ WSHSCA	☐ 11
☐ Maintenance	☐ Asst. Principal	☐ RVEC	☐ 12
☐ Custodian	☐ Teacher	☐ WMS	☐ Supplemental Employment
☐ Child Nutrition	☐ Social Worker	☐ WEGA	☐ Other
☐ Bus Driver	☐ Nurse	☐ District	
☐ Other _____	☐ School Counselor		
COMMENTS:			

Job Title: _____ Supervisor: _____

Completed by: _____ Date: _____

FOR OFFICE USE ONLY

Budget Code: _____

Funding Source: State _____ Federal _____ Local _____ Other _____

Salary: \$ _____ Job Code: _____ Grade: _____ Step: _____

Employment Beginning Date: _____ Ending Date: _____

APPROVALS

HR Director Signature/Date	
Superintendent's Signature/Date	
Finance Officer's Signature/Date	