



NOTICE OF PERSONNEL ACTION

Name _____
Last First Middle Date

Work Location _____ Job Title _____

Home Address _____
Street City Zip Phone

TYPE OF ACTION (provide details under comments)

Classified

____ New Hire
____ Former Employee Hired

____ Added Employment
____ Change of Position
____ Salary Change
____ Other

____ Resignation
____ Retirement
____ Termination

Certified/License

____ New Hire

____ Added Employment
____ Change of Assignment
____ Location Change
____ Leave of Absence
____ Other

____ Resignation
____ Retirement
____ Termination

____ Start Date ____ End Date

____ This person replaces

Hours per:

Day _____ or Week _____ or Total _____

Salary Amounts (indicate one only)

Daily \$ _____ Hourly \$ _____ Lump Sum \$ _____

Comments

Fund/Account

Instructions: This form will be instituted by departments responsible for the recommendation to hire personnel. Board of Trustee approval is required prior to an employee's first day of work.

Department Supervisor

Business Office

Human Resources Director