Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Interim Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US

PERSONNEL ACTION FORM

Site/Department _____

Applicant/Employee Name _____

Position/Title _____

Date _____

New Position ___Yes ___No

Check One ___ Recommended Hire ___Change of Status

___ Termination ___Resignation*

___Retirement ___Leave of Absence

Reason for Action:

_____

_____

_____

_____

First Day of Employment _____

Submitted By _____ **Date**_____

To be Completed By HCSD Business Office

Annual Salary _____**Days to be Employed** _____

___Certified ___Classified **Account Code**_____

Administrative Review

Human Resource Department _____

Superintendent _____

***Attach a copy of the employee's signed resignation form**