

Personnel Action Request Form

Section I Type of Request\*

\_\_\_ Create Vacancy/Recruit for Open Position \_\_\_ Salary Adjustment \_\_\_ Administrative Transfer
\_\_\_ New Position \_\_\_ Reassignment \_\_\_ Change Funding Source
\_\_\_ Reclassify Existing Position \_\_\_ Change in Terms (months per year) \_\_\_ Abolish Existing Position

\*Please attach a list of essential job functions including new duties (unless current job description is accurate, with no change of duties)

Section II Action Requested

CURRENT ACTION (FROM)
Title of Position: \_\_\_\_\_ Position #: \_\_\_\_\_
Employee Name: \_\_\_\_\_ Department/Location \_\_\_\_\_
Current Salary/Hourly Rate \_\_\_\_\_ Account Code: \_\_\_\_\_
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_
Notice of Action: \_\_\_ Resignation \_\_\_ Retirement \_\_\_ Termination \_\_\_ Deceased \_\_\_ Adjustment
Employee Status (check all that apply):
\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal \_\_\_ Temporary \_\_\_ 12-Month \_\_\_ 11-Month \_\_\_ 10.5-Month \_\_\_ 10-Month
\_\_\_ hours per week \_\_\_ days per week Position Ending Date \_\_\_\_\_

Section III Secondary Action Budget Amount for Vacancy Announcement: \_\_\_\_\_ (min) - \_\_\_\_\_ (max)

SECONDARY ACTION (TO)
Title of Position \_\_\_\_\_ Position #: \_\_\_\_\_
Employee Name: \_\_\_\_\_ Department/Location: \_\_\_\_\_
Current Salary/Hourly Rate \_\_\_\_\_ Account Code: \_\_\_\_\_
Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_
Notice of Action: \_\_\_ Appointment \_\_\_ Reclassification \_\_\_ Reemployment
Employee Status (check all that apply):
\_\_\_ x \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Seasonal \_\_\_ Temporary \_\_\_ 12-Month \_\_\_ 11-Month \_\_\_ 10.5-Month \_\_\_ 10-Month
\_\_\_ hours per week \_\_\_ days per week Position Begin Date: \_\_\_\_\_

Section IV Budget Information (To be completed by Supervisor and Director of Budget/Finance)

Are there existing funds to cover the request identified? Yes No Account Code: \_\_\_\_\_
Additional funding required \_\_\_\_\_

Section V Approving Signatures

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_
Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_
Director of Business/Finance: \_\_\_\_\_ Date: \_\_\_\_\_
Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_