



Personnel Action Request

(See back for explanation on completing this form.)

IDENTIFICATION DIVISION & UNIT: _____

EXISTING POSITION CONTROL NUMBER _____ EMPLOYEE NAME _____

POSITION TITLE _____ CURRENT WORK SITE _____

NEW POSITION TITLE _____ WORKSITE ADDRESS _____

NEW POSITION CONTROL NUMBER _____ MANAGEMENT SUPERVISOR (Evaluator/PCN) _____

FORMER EMPLOYEE (If new position leave blank) Resigned/Released: _____ Effective date _____

Transferred/Reassigned to: _____ PCN/PAR Control Number _____ Effective date _____

FOR PERSONNEL USE ONLY

CONTROL NUMBER

Recorded by: _____ / _____

Salary Placement Sched _____ Row _____ Col _____

Salary Amount \$ _____

START DATE: _____

Check All Applicable

Categorically Funded

Certificated Supervisory

Classified New Position

Management

Confidential

Division/Department Program #(If Applicable) _____

ACTION REQUIRED (check all applicable)

1. Initiate Recruitment: _____ Assign Substitute (while recruiting): _____ (Start date) _____

(Recruitment started) (Start date)

Substitute Name: _____

2. Assign Substitute for Current Employee: _____ (Start date) _____ (End date)

(State reason in "Comments/Explanation" section) (Start date) (End date)

Substitute name: _____

3. Short-Term Additional Help: _____ (Start date) _____ (End date)

(State reason in "Comments/Explanation section") (Start date) (End date)

Name: _____

4. Full Time Part Time Night Shift Medical Category SB792 Other (explain in "Comments")

5. Assigned Work Hours (i.e. Mon-Sun, 8-5 p.m., 7:30-2 p.m.): _____

TOTAL HOURS PER WEEK: _____ Indicate if Change: _____ FTE: _____

6. Indicate Annual Day Count: _____ Workdays 10-month 11-month 12-month Other _____

(CERT & MGMT ONLY) Work Year Calendar MUST be attached

7. Extended School Year: Start Date: _____ End Date: _____ No. of Days: _____

8. Location Change: _____ Effective Date: _____

Previous Work Site New Work Site

9. Management Supervisor Change: _____ Effective Date: _____

Previous New

10. Stipend (explain in "Comments/Explanation") Other (explain in "Comments/Explanation") Uniform Allowance

BUDGET CODE(S): No Change (does not require budget check)

FUND	SCHOOL	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	%

BUDGET CHECK: _____ **DATE:** _____

TOTAL ESTIMATED POSITION COST: _____

FS Director Approval: _____ **Financial Manager Approval:** _____

Initiator: _____ Date: _____

Director Approved by: _____ Date: _____

Division Head Approved by: _____ Date: _____

Cabinet approval: _____ Date: _____

Comments/Explanation: _____

NOTE: For new position study. Division Head uses "New Position Study Authorization" Form. (Available in Personnel Office.)



Division of Personnel Services

Personnel Action Request

(See back for explanation on completing this form.)

List site and city (needed for recruitment).

Employee Transfer:
The reassignment of an employee to the same position classification in a different division.

Employee Reassignment:
A lateral change of positions to the same position classification within a division.

Letter of Resignation and acceptance must be in Personnel before filling position.

IMPORTANT: Number of days allowable is limited by law. Check with Personnel.

Night Shift Stipend: Paid to full-time classified employee who works a regularly scheduled shift of four (4) or more hours between 5 p.m. and 8 a.m. for five (5) consecutive work days or more retroactive upon completion of the fifth day of such service to the first day of such service.

Actual change in physical work location.

Contact Personnel for assistance in developing calendar for less than full year position.

NAME ONLY! Authorized management person. Personnel may contact this person for additional information, if needed.

IDENTIFICATION DIVISION & UNIT: _____ POSITION CONTROL NUMBER (if existing position): _____ EMPLOYEE NAME: _____ POSITION TITLE: _____ CURRENT WORK SITE: _____ NEW POSITION TITLE: _____ WORKSITE ADDRESS: _____ FORMER EMPLOYEE (if new position leave blank): _____ MANAGEMENT SUPERVISOR (Evaluator/PCN): _____ <input type="checkbox"/> Resigned/Released: _____ Effective date: _____ <input type="checkbox"/> Transferred/Reassigned to: _____ PCN/PAR Control Number: _____ Effective date: _____		FOR PERSONNEL USE ONLY CONTROL NUMBER: _____ Recorded by: _____ Salary Placement Sched. Row Col _____ Salary Amount \$ _____ START DATE: _____ <input type="checkbox"/> Check All Applicable <input type="checkbox"/> Categorized Funded <input type="checkbox"/> Supervisory <input type="checkbox"/> Classified <input type="checkbox"/> New Position <input type="checkbox"/> Management <input type="checkbox"/> Confidential Division/Department Program # (if Applicable) _____																															
ACTION REQUIRED (check all applicable) 1. <input type="checkbox"/> Initiate Recruitment: _____ (Recruitment start date) <input type="checkbox"/> Assign Substitute (while recruiting): _____ (Start date) Substitute Name: _____ 2. <input type="checkbox"/> Assign Substitute for Current Employee: _____ (Start date) _____ (End date) Substitute name: _____ 3. <input type="checkbox"/> Short-Term Additional Help: _____ (Start date) _____ (End date) Name: _____ 4. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Night Shift <input type="checkbox"/> Medical Category <input type="checkbox"/> SB792 <input type="checkbox"/> Other (explain in "Comments") 5. <input type="checkbox"/> Assigned Work Hours (i.e. 8-5 p.m., 7:30-2 p.m.): _____ TOTAL HOURS PER WEEK: _____ <input type="checkbox"/> Indicate if Change: _____ FTE: _____ 6. <input type="checkbox"/> Indicate Annual Day Count: _____ Workdays <input type="checkbox"/> 0-month <input type="checkbox"/> 1-month <input type="checkbox"/> 2-month <input type="checkbox"/> Other _____ (CERT & NIGHT ONLY) Work Year Calendar MUST be attached 7. <input type="checkbox"/> Extended School Year: Start Date: _____ End Date: _____ No. of Days: _____ 8. <input type="checkbox"/> Location Change: _____ Previous Work Site _____ New Work Site _____ Effective Date: _____ 9. <input type="checkbox"/> Management Supervisor Change: _____ Previous _____ New _____ Effective Date: _____ 10. <input type="checkbox"/> Stipend (explain in "Comments/Explanation") _____ <input type="checkbox"/> Other (explain in "Comments/Explanation") _____																																	
BUDGET CODE(S): <input type="checkbox"/> No Change (does not require budget check) <table border="1"> <thead> <tr> <th>FUND</th> <th>SCHOOL</th> <th>RESOURCE</th> <th>YEAR</th> <th>GOAL</th> <th>FUNCTION</th> <th>OBJECT</th> <th>%</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> BUDGET CHECK: _____ DATE: _____ TOTAL ESTIMATED POSITION COST: _____ FS Director Approval: _____ Financial Manager Approval: _____	FUND	SCHOOL	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	%																									Initiator: _____ Date: _____ Director Approved by: _____ Date: _____ Division Head Approved by: _____ Date: _____ Cabinet approval: _____ Date: _____
FUND	SCHOOL	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	%																										
Comments/Explanation: _____ _____ _____																																	

FORM NO. 2005P (Revised 1/07)

Use "Comments/Explanation" section for any additional information you may wish to add. For example, exact hours if not working regular hours. "Lead Teacher" status, etc.