

ESU 13

PERSONNEL ACTION FORM

Director

Employee Name: _____

Employee's Current Location: _____

Replacing: _____

New Location: _____

Effective Date: _____

Requested Action (Description needed):

Certified Position Change:

From _____ FTE _____ Department _____

To _____ FTE _____ Department _____

Classified Position Change:

From – Position _____ #Hours/day _____ #Days/Year _____

To – Position _____ #Hours/day _____ #Days/Year _____

Comments:

Human Resources

Certified Position Change: From Step _____ Salary _____ To: Step _____ Salary _____

Classified Position Change: From Level _____ Step _____ To: Level _____ Step _____

Business Manager/Fiscal Agent Section

Current Code _____ % New Code _____ %

Current Code _____ % New Code _____ %

Current Code _____ % New Code _____ %

Signature: Director/Supervisor

Date

Signature: Business Manager/Fiscal Agent

Date

Signature: Human Resources

Date

Signature: Administrator

Date

After Director/Supervisor Signature, Route to: 1) Business Manager or Fiscal Agent – 2) Administrator – 3) Payroll – 4) HR