



ROSWELL INDEPENDENT SCHOOL DISTRICT PERSONNEL ACTION FORM

EMPLOYEE NAME:		SOCIAL SECURITY #:	
<input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> CERTIFIED <input type="checkbox"/> NON-CERTIFIED <input type="checkbox"/> TEMPORARY/NON-CONTRACT <input type="checkbox"/> SUBSTITUTE		<input type="checkbox"/> NEW HIRE <input type="checkbox"/> VOLUNTARY TRANSFER <input type="checkbox"/> IN-HOUSE ASSIGNMENT <input type="checkbox"/> INVOLUNTARY TRANSFER	
		<input type="checkbox"/> RETIREMENT <input type="checkbox"/> RESIGNATION <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> FTE CHANGE <input type="checkbox"/> OTHER	
<input type="checkbox"/> SALARY ADJUSTMENT		CURRENT PLACEMENT	NEW PLACEMENT
POSTING #	FUNDING SOURCE:		

SALARY SCHEDULE:

POSITION:	LOCATION:
CONTROL CODE:	REPLACING:
EFFECTIVE DATE:	REASON: <input type="checkbox"/> RESIGNED <input type="checkbox"/> RETIRED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/> OTHER

FTE CHANGE/ TRANSFER			
	CURRENT	NEW/ PROPOSED	LOCATION
TITLE:			
CONTROL CODE:			
<input type="checkbox"/> 1.0 FTE <input type="checkbox"/> .5 FTE			

CURRENT ASSIGNMENT			
LOCATION:	POSITION:	CONTROL CODE:	
NEW ASSIGNMENT			
LOCATION:	POSITION:	CONTROL CODE:	

WILL THIS RESULT IN A VACANCY? YES NO

PRINCIPAL / SUPERVISOR SIGNATURE:	DATE:
ASSISTANT SUPERINTENDENT FOR HR OR DESIGNEE SIGNATURE:	DATE:
<input type="checkbox"/> CWA <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> OTHER _____	DATE:
INTERNAL NOTES:	SUBMITTED TO PAYROLL:
