



Employee Name: _____ Social Security #: XXX-XX-_____ Campus/Dept: _____

Action Code <input type="checkbox"/>	Position/Job Title/Assignment	Position Control #	Effective Date	# of Days/Hours	Salary/Level/Category	Budget Code	Fund Portion
Main Assignment From							
Main Assignment To							
Stipend 1 From							
Stipend 1 To							
Stipend 2 From							
Stipend 2 To							
Stipend 3 From							
Stipend 3 To							
Stipend 4 From							
Stipend 4 To							
Stipend 5 From							
Stipend 5 To							
Total					\$		

Action Codes

S Separation From District	V Vacancy	C Change (For internal movement/status within campus/district)	E Extra Duty (No position control needed)
Termination _____ Attach Copy Resignation _____ Attach Copy Retirement _____ Attach Copy _____ Post _____ Do Not Post	New Hire _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> PREVIOUS EMPLOYEE Name: _____ SSN: XXX-XX-_____ </div>	Days _____ Pay Level _____ Hour Status _____ Exempt _____ Non Exempt _____ Assignment _____ _____ Post _____ Do Not Post _____	Extra Duty _____ Supplemental Pay _____

Administrative Approval/Please Follow Sequence		Date	NOTES AND/OR ADDITIONAL INFORMATION
1. Principal/Supervisor			
2. Human Resources			
3. Elementary Education			
4. Secondary Education			
5. Business Services			
6. Superintendent/Designee			

Please complete all section(s) needed to its entirety and submit to Human Resources for processing. Incomplete forms may delay the approval process.

Updated Form 01.06.2021