

NYE COUNTY SCHOOL DISTRICT  
PERSONNEL ACTION FORM

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**SECTION A: TO BE COMPLETED BY ADMINISTRATOR/SUPERVISOR**

Date Form Completed \_\_\_\_\_

Name and Title of Hiring Officer \_\_\_\_\_ Initials \_\_\_\_\_

Requesting a Change in hours, if applicable: Current Hours \_\_\_\_\_ Requested Hours \_\_\_\_\_

Replacement \_\_\_ Yes \_\_\_ No Name of Person Replaced \_\_\_\_\_  
(Attach letter of resignation, if applicable)

Name of Hire \_\_\_\_\_ Position \_\_\_\_\_

Work Location \_\_\_\_\_ Hours \_\_\_\_\_ Days Per Week \_\_\_\_\_ Desired Start Date \_\_\_\_\_

Three References Checked \_\_\_ Yes \_\_\_ No

Contract And/Or Policy Followed \_\_\_ Yes \_\_\_ No District Consulted \_\_\_ Yes \_\_\_ No  
(Certified: Policy #6260/NCCTA Article 7-1.2/ Administrator: Policy#6262/Classified: NCSSO Article 9-12)

District Administrator Consulted \_\_\_\_\_ Date/Time \_\_\_\_\_

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**SECTION B: TO BE COMPLETED BY HUMAN RESOURCES**

Advertised Where? \_\_\_\_\_ Run Time \_\_\_\_\_

New Employee \_\_\_\_\_ Returning Employee \_\_\_\_\_ New Position \_\_\_\_\_

Classified \_\_\_\_\_ Certified \_\_\_\_\_ General Fund \_\_\_\_\_ Special Ed \_\_\_\_\_

Grant Funds/Temporary \_\_\_\_\_  One year only

Position Funded \_\_\_ Yes \_\_\_ No Hours Funded \_\_\_\_\_ Days Per Year \_\_\_\_\_ Pro-rated Days \_\_\_\_\_

Start Date \_\_\_\_\_

\_\_\_\_\_  
Superintendent/Designee

Personnel Sign Off \_\_\_\_\_

PR Budget Sign Off \_\_\_\_\_ Column/Step/Rate \_\_\_\_\_

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**SECTION C: TO BE COMPLETED BY FINANCE OFFICE**

Grant Dept. Sign Off \_\_\_\_\_

Employee Number \_\_\_\_\_

Payroll Sign Off \_\_\_\_\_

Coding \_\_\_\_\_

Budget Sign Off \_\_\_\_\_

Retirement Form sent \_\_\_\_\_ (date)

Insurance Form sent \_\_\_\_\_ (date)