

**Nye County School District
Personnel Action Form**

Section A: To be completed by Hiring Officer

Initials: _____

Date Form Completed: _____

Control Code: _____

Name of Hiring Officer: _____

Title of Hiring Officer: _____

Site/School: _____

Network Access: Yes No

Start Date: _____

Projected End Date: _____

Pay Type: _____ Add'l Assignment

_____ LT Sub Assignment _____ Loc/Code Change

Name of Employee Hired: _____

Replacement: Yes No

Employee Replaced: _____

Position: _____

Position Posted: Yes No

Number of Hours per Day: _____

Number of Days per Week: _____

Location/Code From: _____

Location/Code To: _____

Reason/Justification: _____

Section B: To be completed by Human Resources

New Hire Paperwork Complete: _____

Human Resources Date Stamp:

Superintendent/Designee

HR Sign Off: _____

Column/Step/Rate: _____

Section C: To be completed by Finance Office

Grant Dept. Sign Off: _____

Payroll Dept. Sign Off: _____

Budget Sign Off: _____

Coding: _____