

NYE COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM

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 _____

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 _____

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)