



OWOSSO PUBLIC SCHOOLS

Ready for the World

Route: HR/Benefits	_____
Union	_____
Tech Dept Notified	_____
Accounting/Budgeting	_____
Payroll	_____
Scanning	_____

PERSONNEL ACTION FORM

Current Employee

Name (Last, First, Middle):		
Effective date of change:		Account Number:
	Change From:	Change To:
Position(s): Include Vacancy Posting No.		
Total Hours per day:		
Scheduled Hours: (Times, days worked and scheduled lunch/breaks) Ex: M-F 8:00 – 3:30/12:00-12:30 unpaid lunch		
Auto Deduct lunch? (Yes means that the time indicated above for unpaid lunch will automatically be deducted and no punch in or out will be required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location:		
Wage rate:		

HUMAN RESOURCES OFFICE ONLY

IN MICROSAGE

Basic Screen		Date:
Notes:		Date:
Notes SL:		Date:
Accruals:		Date:
Accruals:		
VeriTime/AESOP		Date:
Rep Screen		Date:

Remarks	
Supervisor Signature:	Date:
Human Resources Signature:	Date:

Information **must** be complete for all positions and hours authorized. Compensation is computed on hours authorized by this PAF.