



ROSWELL INDEPENDENT SCHOOL DISTRICT PERSONNEL ACTION FORM

EMPLOYEE NAME:		SOCIAL SECURITY #:	
<input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> CERTIFIED <input type="checkbox"/> NON-CERTIFIED <input type="checkbox"/> TEMPORARY/NON-CONTRACT <input type="checkbox"/> SUBSTITUTE	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> VOLUNTARY TRANSFER <input type="checkbox"/> IN-HOUSE ASSIGNMENT <input type="checkbox"/> INVOLUNTARY TRANSFER	<input type="checkbox"/> RETIREMENT <input type="checkbox"/> RESIGNATION <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> FTE CHANGE <input type="checkbox"/> OTHER	
<input type="checkbox"/> SALARY ADJUSTMENT	CURRENT PLACEMENT	NEW PLACEMENT	
POSTING #	FUNDING SOURCE:		

SALARY SCHEDULE:

POSITION:		LOCATION:	
CONTROL CODE:		REPLACING:	
EFFECTIVE DATE:		REASON:	<input type="checkbox"/> RESIGNED <input type="checkbox"/> RETIRED <input type="checkbox"/> TRANSFERRED <input type="checkbox"/> OTHER

FTE CHANGE/ TRANSFER			
	CURRENT	NEW/ PROPOSED	LOCATION
TITLE:			
CONTROL CODE:			
<input type="checkbox"/> 1.0 FTE <input type="checkbox"/> .5 FTE			

TRANSFER INFORMATION			
CURRENT ASSIGNMENT			
LOCATION:		POSITION:	CONTROL CODE:
NEW ASSIGNMENT			
LOCATION:		POSITION:	CONTROL CODE:
WILL THIS RESULT IN A VACANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PRINCIPAL / SUPERVISOR SIGNATURE:		DATE:	
ASSISTANT SUPERINTENDENT FOR HR OR DESIGNEE SIGNATURE:		DATE:	