PERSONNEL ACTION REQUEST

1. Use for all requests for personnel action.  
2. Please give COMPLETE information (incomplete forms will be returned).  
3. For additional comments, attach separate pages.  
4. Send ALL COPIES to Human Resources.

PERSONNEL DATA
- certified employee   classified employee   date of request

Employee Name    

Last               First   M.I

Emp. ID 

Position Title       Site

REQUEST FOR: 

☐ Vacation        ☐ Leave of Absence (other)  
☐ Personal Leave   ☐ New Hire        
☐ Reclassification ☐ Resignation Approval  
☐ Transfer        ☐ Other

To Become Effective

Date                        Signature

REMARKS (to be completed by person making request):  

☐ I certify that the above hours accurately reflect the amount of time and effort devoted to the program listed above.  

Principal/Administrator’s Office

Remarks (Administrative use only):

Approved   ☐ Not Approved

Date                        Signature

Human Resource’s Office

Remarks (Administrative use only):

☐ Recommend Approval  
☐ Recommend Consideration  
☐ Recommend Disapproval

Position # ______________________  
Replacing ______________________

Date                        Signature

Superintendent’s Office

Remarks (Administrative use only):

☐ Approved   ☐ Not Approved

Date                        Signature

Payroll Office

Date Received ___________  
Remarks (Business Office use only):

Copy returned to employee by

Name                        Date

White Copy: Business Office  Yellow Copy: Human Resource Office  Pink: Employee Copy

Revised SEPT 2014