

FLOWING WELLS SCHOOLS

IOLA FRANS ADMINISTRATION CENTER

1556 West Prince Road

Tucson, Arizona 85705

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

Personal Leave

Reclassification

Transfer

Leave of Absence (other)

New Hire

Resignation Approval

Other _____

To Become Effective _____

Date

Signature _____

Person Making Request

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

Approved

Not Approved

Remarks (Administrative use only):

Date

Signature

Human Resource's Office

Recommend Approval

Recommend Consideration

Recommend Disapproval

Remarks (Administrative use only):

Position # _____

Replacing _____

Date

Signature

Superintendent's Office

Approved

Not Approved

Remarks (Administrative use only):

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