

PERSONNEL ACTION FORM

Name _____ SS# _____ Effective Date _____

New Hire
 Contract
 Hourly
 Sub
 Transfer
 Modify Contract
 Increase Position
 Decrease Position
 Resignation
 Termination
 Other _____

Position _____
Location _____ **FTE** _____
 Hours Per Day _____ Days Per Week _____

**Benefit Eligibility:*
**>20 hours per week: LTD, Vision, Dental, etc. (Webb & Associates Benefits)*
 Yes No

**>30 hours per week: Health Insurance & Minnesota Life*
 Yes No

Salary Schedule: _____ Administrative _____ Certified _____ Classified _____
 Degree/Area _____ Step _____ Number of Days _____
Replacing _____ OR **New Position** _____
 Years Probation _____ ALP Necessary _____ AQT Code _____
 License Status:

 Funding Code: _____ - _____ - _____ - _____ - _____ - _____
 Additional Information:

Principal Signature _____ Date _____

Director Signature (if applicable) _____ Date _____

Human Resources Signature _____ Date _____