

SAU 18 PERSONNEL ACTION FORM

To be completed for each staff member, transferred, on a leave of absence, or terminated.

PLEASE PRINT OR TYPE:

SCHOOL: (Circle One) FHS FMS PSS

Employee Name _____

(Fill in only the section below which applies)

Transfers

Date of transfer _____ New Position _____

Previous Position _____

Change of Hours: _____

Change of Building: _____

Change of Fund: Fund: _____

Account Number: _____

Special Instructions:

Leave of Absence Start Date _____

Return from Leave of Absence Return Date _____

Terminations

Last Day _____ Position _____

Reason for termination _____

Date Submitted

Administrator's Signature

Business Administrator