

**HUGOTON USD 210  
NOTICE OF PERSONNEL ACTION**

NAME: \_\_\_\_\_ DATE OF ACTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE PROBATION ENDS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**REASON FOR NOTICE OF PERSONNEL ACTION**

**TYPE OF EMPLOYEE**

\_\_\_\_\_ New Employee Hired

\_\_\_\_\_ Full-time

\_\_\_\_\_ Former Employee Hired

\_\_\_\_\_ Part Time

\_\_\_\_\_ Change of Status

\_\_\_\_\_ Temporary

\_\_\_\_\_ Salary Schedule Change

\_\_\_\_\_ Substitute

\_\_\_\_\_ Leave of Absence

\_\_\_\_\_ Other

\_\_\_\_\_ Other

**REMARKS:** \_\_\_\_\_

**PRESENT STATUS**

**REVISED STATUS**

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

Experience \_\_\_\_\_

Experience \_\_\_\_\_

Schedule Level \_\_\_\_\_

Schedule Level \_\_\_\_\_

Work days approved for this position \_\_\_\_\_

Work days approved for this position \_\_\_\_\_

**PAYROLL INFORMATION**

**NOT A CONTRACT FOR SPECIFIC TERMS OF EMPLOYMENT**

\_\_\_\_\_ Hours Per Day

\_\_\_\_\_ Number of Work Days Per Week

\_\_\_\_\_ Hourly Rate of Pay

\_\_\_\_\_ Time Clock Only

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date