

Personnel Action Form

Aberdeen School District

Site/Department _____

Applicant/Employee Name _____

Position/Title _____

Date _____

New Position _____ Yes No _____

Check One: _____ Recommended Hire _____ Change of Status

_____ Termination _____ Resignation*

_____ Retirement _____ Leave of Absence

Reason for Action:

First Day of Employment _____

Submitted By _____ Date _____

To Be Completed by ASD Accounting Office

Annual Salary _____ or HR Rate _____ Days to be Employed _____

Certified ____ Classified ____ Account Code _____

Administrative Review

Chief Financial Officer _____

Superintendent _____

Asst. Business Admin _____

Payroll Clerk _____

*Attach a copy of the employee's signed resignation form