

Warren County Schools
Personnel Action Form

Section I: Principal or Program Director

Full Name of Employee: _____ SS# _____			
Address of Employee: _____			
Street			
_____	_____	_____	_____
City	State	Zip Code	Telephone

Section II: Principal or Program Director

Account Code: _____	
(in detail)	
Employment Status: ___ Interim ___ Permanent ___ Temporary ___ Part-time ___ Extended Employment	
Months Employed: ___ 9 ___ 10 ___ 11 ___ 12 Other (Specify) _____	
New Applicant is Replacing _____ Transfer is Replacing _____	
(Name or New Position) (Name)	
___ Teacher ___ Secretary/Bookkeeper ___ Bus Driver ___ Teacher Assistant	
___ Custodian ___ School Food Service ___ Other (Specify) _____	
Site: _____ Supervisor: _____	
Source of Funds: ___ State ___ Federal ___ Local ___ Other _____ Percent Employed	
Anticipated Date of Employment: _____ Ending Date: _____	
Recommended by: _____	
Signature of Principal	Signature of Director
_____	_____
Date	Date

Section III: Personnel Director

Date Received _____	Eligible for Retirement ___ Yes ___ No	Insurance ___ Yes ___ No
Pay Level _____	Position # _____	First Day of Employment _____
Approved by: _____		Date forwarded to Payroll _____
Superintendent or Designee		

Section IV: Finance Director

Approved by: _____	Date _____
Finance Officer	

Person may be called to work only after approval by superintendent or designee.