

REQUEST FOR PERSONNEL ACTION

Employee: **Ellie Hamilton** Date: **February 16, 2021**

Type of Action:

𐀀 Request for New Employee (Complete Sections B and G)

𐀀 New Employee (Complete Sections A and G)

𐀀 Promotion (Complete Sections A, B and G)

𐀀 Demotion (Complete Sections A, B and G)

𐀀 Leave of Absence (Complete Sections A, C and G)

𐀀 Return from Leave of Absence (Complete Sections A,C and G)

**XXX**𐀀 Change of Status (Complete Sections D and G)

XXX Pay Change (Complete Sections E and G)

𐀀 Termination (Complete Sections F and G)

A Job Title Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Rate:

 Status: 𐀀 Regular 𐀀 Full Time Salary: \_\_\_\_\_\_\_\_\_\_ Hourly:\_\_\_\_\_\_\_\_

 𐀀 Temporary Part Time Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B Position Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Status: 𐀀 Regular 𐀀 Full Time Salary: \_\_\_\_\_\_\_\_\_\_ Hourly:\_\_\_\_\_\_\_\_

 𐀀 Temporary Part Time Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C Leave of Absence Type:

 Status: 𐀀 Personal Illness/Injury/Parental 𐀀 Military

 𐀀 Critical Illness/ Death of Immediate Family 𐀀 Parental

Date Leave of Absence to Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Date of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Actual Date of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D Change of Status:

Old Status: **Special Ed. Para**  New Status: **Health Office Assistant**

Date of Change: **February 16, 2021**

E Pay Change:

 Old Rate Annual: Old Rate Per Hour: **$**

 New Rate Annual: New Rate Per Hour: **$ $19.25/hr**

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F Termination:

 Date of Notice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Termination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for Termination:

 𐀀 Resignation Retirement Dismissal 𐀀 Failure to Perform 𐀀 Introductory Period

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G Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Date

Eric Williams 2-12-2021

 Executive Director Date