

Fiscal Year _____
**PRESCOTT UNIFIED SCHOOL DISTRICT
PERSONNEL ACTION REQUEST**

Date: _____

Employee: _____

Originator's Signature: _____

REQUEST

HIRE NEW EMPLOYEE H.O. ATTESTATION FORM MUST ACCOMPANY THIS PAR FOR ALL CERTIFIED STAFF

Name of replaced employee: _____

OR

New position funding source description: _____

CHANGE EXISTING EMPLOYEE

Duties Salary Hours Funding

Reason for change: _____

OTHER (long term substitute, volunteer, student workers etc.)

Explanation: _____

DETAILS

Position: _____ Location: _____ Grade Level/Subject: _____

Start date: _____ Stop date: _____ FTE HRS: _____

(Supervisors: Fill out dates for stipends, overload contracts, coaching contracts)

(circle one)

CLASSIFIED PAY INFORMATION

Agreement
 Stipend \$ _____
 Timeslip

CERTIFIED PAY INFORMATION

Contract Overload
 Stipend \$ _____
 Timeslip
 Pay hourly rate based on contract
 Other amount \$ _____

REMARKS

DISTRICT ADMINISTRATION APPROVAL

Fund	Program	Function	Object	Unit	Project
------	---------	----------	--------	------	---------

Chief Financial Officer Date

Assistant Superintendent H/R Date

Classified Grade/Step: _____/_____

Certified Salary Placement: _____/_____

Number of days: _____

Salary: _____ Number of days: _____

Start date: _____ Stop date: _____

Credits towards next move: _____

Hourly rate: _____

Start date: _____ Stop date: _____