

Fiscal Year _____

**PRESCOTT UNIFIED SCHOOL DISTRICT
PERSONNEL ACTION REQUEST**

Date: _____

Employee: _____

Originator's Signature: _____

INFORMATION FROM REQUESTING SITE OR DEPARTMENT

HIRE NEW EMPLOYEE

Name of replaced employee: _____ OR New funding source: _____

CHANGE EXISTING EMPLOYEE Reason for change: _____

DETAILS

Position _____ FTE/HRS: _____ Location/Department _____

Funding	_____	_____	_____	_____	_____	_____
Fund	Program	Function	Object	Unit	Project	

Start date: _____ Stop date: _____ (dates may be changed by H.R.)

CLASSIFIED PAY INFORMATION

CERTIFIED PAY INFORMATION

Agreement
 Time slip

Contract
 Stipend \$ _____
 Timeslip

Overload

COACH/OTHER

Requested Stipend \$ _____

Pay hourly rate based on contract other amount
\$ _____

REMARKS: _____

BUSINESS

REMARKS: _____

Funds available: Yes No
Authorized Signature Date _____

HUMAN RESOURCES

Hourly rate: _____ Certified Salary Placement: _____

Class. Aux. Salary: _____ Salary: _____ Number of days: _____

Credits towards next move: _____

REMARKS: _____

