

## District School Board of Pasco County PERSONNEL ACTION FORM

MIS # 303 Rev. 01/18

	☐ Instructional ☐ School	Related Personnel	☐ Non-Instructional/Nor	n-Bargaining	Administrative	☐ Profes	sional/Technical	
ACTION   NEW HIRE   REHIRE   PROMOTION   TRANSFER   FUND CHANGE   HRS/DAYS CHANGE   Complete Section A     REAPPOINTMENT   OTHER (Addri Job/Dury, Supplement, str.) Please specify:   Complete Section A     NON-REAPPOINTMENT   RESIGNATION   RETIREMENT   TERMINATION   TO (or NEW HIRE Info)	Last	First		MI	Employee ID (or Applic		<u>+</u> )	
NEW HIRE	Form Completed by (name/ext.) Date							
REAPPOINTMENT OTHER (Addt1 Job/Duty, Supplement, etc.) Please specify.    NON-REAPPOINTMENT   RESIGNATION   RETIREMENT   TERMINATION			ACTION					
NON-REAPPOINTMENT   RESIGNATION   RETIREMENT   TERMINATION		<del>_</del>	_		_	HANGE Co	mplete Section A	
### FROM (Leave blank for New Hire/Rehire)  #### FROM (Leave blank for New Hire/Rehire)  ###################################	_	Со	mplete Section B					
### FROM (Leave blank for New Hire/Rehire)  #### FROM (Leave blank for New Hire/Rehire)  ###################################			OFOTION A					
Effective Date		EW HIRE in	fo)					
Location Number   Job Class Code   Position Control #(s)   Title (Job Class Description)   Job Class Description)   Job Class Description   Job Class Day Worked   Reason for Resignation   Title   Job Class   Hours   Position Control   Title   Job Class   Job	Effective Date				•		•	
Dob Class Code	Location Name							
Position Control #(s)  Title (Job Class Description)  Work Days (196,216,245,etc)  Hours Per Day/FTE  Contract Type (INST only)	Location Number							
Title (Job Class Description) Work Days (196,216,245,etc) Hours Per Day/FTE Contract Type (INST only)	Job Class Code							
Work Days (196,216,245,etc)  Hours Per Day/FTE  Contract Type (I/NST only)	Position Control #(s)							
Hours Per Day/FTE  Contract Type (I/NST only)   Annual   TSC   Mini (End Date)     Annual   TSC   Mini (End Date)    Replacing (If applicable)   SECTION B  Location   Last Day Worked   Reason for Resignation   Job Class   Hours   Position Control   Title   Submit the following documents, as applicable: Resignation/Retirement form and Accrued Sick Leave Payout Designation form  SECTION C  Additional Information (include specific instructions regarding OTHER actions):    Authorization   Signature:	Title (Job Class Description	1)						
Hours Per Day/FTE  Contract Type (I/NST only)   Annual   TSC   Mini (End Date)   Annual   TSC   Mini (End Date)    Replacing (If applicable)   SECTION B  Location   Last Day Worked   Reason for Resignation   Job Class   Hours   Position Control   Title   Submit the following documents, as applicable: Resignation/Retirement form and Accrued Sick Leave Payout Designation form  SECTION C  Additional Information (include specific instructions regarding OTHER actions):  AUTHORIZATION To be completed by worksite administrator or designee  Name:   Signature:    HUMAN RESOURCES USE ONLY  Appl # Req # Certification   Email Sent   Allocation   Effective Date   Entered in HRIS   Board Approval Date   Posting Date   Rate of Pay   Pasco Years of Experience   Other Years of Experience	Work Days (196,216,245,ea	tc)						
Contract Type (INST only)	<u> </u>							
SECTION B	· · · · · · · · · · · · · · · · · · ·	☐ Annual ☐ T	SC  Mini (End Date)	□Ar	nnual □TSC □I	Mini (End Date	e)	
SECTION B  LocationLast Day WorkedReason for Resignation			<u> </u>				/	
Location Last Day Worked Reason for Resignation  Job Class Hours Position Control Title  Submit the following documents, as applicable: Resignation/Retirement form and Accrued Sick Leave Payout Designation form  SECTION C  Additional Information (include specific instructions regarding OTHER actions):  AUTHORIZATION To be completed by worksite administrator or designee  Name: Signature:  HUMAN RESOURCES USE ONLY  Appl # Req # Certification Email Sent Allocation Effective Date Entered in HRIS Board Approval Date Posting Date Rate of Pay Pasco Years of Experience Other Years of Experience	, , ,							
Job Class Hours Position Control Title	SECTION B							
Job Class Hours Position Control Title	Location La	ast Day Worked	Reason for Res	signation				
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Name: Signature:	Additional information (incia	ac specific manacia	ins regarding of the tack	<i>7113)</i> .				
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HUMAN RESOURCES USE ONLY  Appl # Req # Certification Email Sent Allocation Posting Date Posting Date Pasco Years of Experience Other Years of Experience	Name:		<u> </u>					
Appl # Req # Certification Email Sent Allocation Effective Date Entered in HRIS Board Approval Date Posting Date Rate of Pay Pasco Years of Experience Other Years of Experience				·				
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Effective Date Entered in HRIS Board Approval Date Posting Date Rate of Pay Pasco Years of Experience Other Years of Experience	Appl # F	Req #	Certification	on	Email Sent	Alloc	ation	
Rate of Pay Pasco Years of Experience Other Years of Experience								
Exit Interview 751 752 771 Previous Term Date/Location								