



Haywood County Schools

PERSONNEL ACTION FORM

EMPLOYMENT REQUEST

Employee Name: _____ Phone: _____ School: _____

Start Date: _____ End Date: _____

New Hire: Assignment: _____

Full Time 10 Month

Rehire: Replacing: _____

Part Time 11 Month

Additional Work Hours: Hours/%: _____

Temporary 12 Month

Transfer/ Status Change: From: _____ To: _____

INTERVIEW RECORD

Applicant Name (In order of rank)	Date	Inquiry Type				Action Taken			Interviewed By			
		Phone App/Resume	Email	Face/face Other	Noted	Considered	Rejected	Selected				
		P	E	F	A	O	N	C	R	I	S	
		P	E	F	A	O	N	C	R	I	S	
		P	E	F	A	O	N	C	R	I	S	
		P	E	F	A	O	N	C	R	I	S	
		P	E	F	A	O	N	C	R	I	S	
		P	E	F	A	O	N	C	R	I	S	
		P	E	F	A	O	N	C	R	I	S	

*List additional inquiry's on the back

Reference Name	Checked By	Comments	Date

Administrator Signature _____ Date notified those not selected _____ by Phone _____ by Letter _____

FOR OFFICE USE ONLY

Effective Date: _____ SSN: _____ DOB: _____

Budget Code: _____ Grade: _____ Step: _____

Change in Funding: From: _____ Budget Code To: _____ Budget Code

Suspension: Suspension: With Pay Beginning: _____
 Without Pay Ending: _____

Retirement Rehire: Classification: _____ Rate of Pay: _____

Leave of Absence: Type of Leave: _____ From: _____ To: _____

Superintendent Signature Date