

## Haywood County Schools

## PERSONNEL ACTION FORM

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Employee Name:	Phone:	School:			
Assignment:	_Start Date:	End Date:			
Grade Level:Subject:	Replacing:				
Employment is: IFull Time Part Time Temporary Full Time Temporary Part Time As Needed					
Employment Months: 10 month 11 month 12 month 0ther:					
Transfer/Status Change: Yes *if yes, From: To:					
Former HCS employee: Yes No					
Is the Employee a NC State Retiree Rehire: Yes *if yes, How many hours per week:Rate of Pay: <u>hr</u>					
Additional Work Hours for classified personnel: Yes *if yes, How many per week:Rate of Pay: <u>https://www.actional.com/actional-actiona</u>					
Additional Work Hours for licensed personnel: Yes *if yes, How many per week:Rate of Pay: <u>\$</u>					

## **INTERVIEW RECORD**

Applicant Name: (In order of rank)	Date:	Interviewed By:	Comments:
*List additional inquiries on the back	•		•

		_ Rejection Notifications: Phone Letter Email			
Administrator Signature	Date	Date			
FOR OFFICE USE ONLY					
Budget Code:		Pay Grade:Step:			
Change in Funding: Yes *If Yes, From: Budget Code		То:			
Leave of Absence: Yes *If Yes, Type of Leave:		From: To:			