



Haywood County Schools

PERSONNEL ACTION FORM

EMPLOYMENT REQUEST

Employee Name: _____ Phone: _____ School: _____

Start Date: _____ End Date: _____

New Hire: Assignment: _____ Full Time 10 Month

Grade/Level: _____ Part Time 11 Month

Subject: _____ Temporary 12 Month

Rehire: Replacing: _____ As Needed

Additional Work Hours: Hours/%: _____ Rate of Pay _____

Transfer/ Status Change: From: _____ To: _____

INTERVIEW RECORD

Applicant Name (In order of rank)	Date:	Interviewed By:	Inquiry Type			Action Taken			Comments				
			Phone App/Resume	Email	Face/Face Other	Noted Interviewed	Considered Selected	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	

*List additional inquiry's on the back

Reason Selected _____

Reference Name	Checked By	Comments	Date

Administrator Signature

Date

Rejection Notifications: By Phone By Letter

Date

FOR OFFICE USE ONLY

Effective Date: _____ SSN: _____ Grade: _____

Budget Code: _____ Step: _____

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

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

Retirement Rehire: Hours: _____ Rate of Pay: _____

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

Superintendent Signature

Date