



Great Falls Public Schools NOTICE OF PERSONNEL ACTION

Date: _____

Name: _____
Last First Middle

Work Location: _____ Job Title: _____

Home Address: _____
Street City Zip Phone

TYPE OF ACTION (provide details under comments)

Classified	Certified/License		
<input type="checkbox"/> New Hire	<input type="checkbox"/> New Hire	_____	_____
<input type="checkbox"/> Former Employee Hired		Start Date	End Date
<input type="checkbox"/> Added Employment	<input type="checkbox"/> Added Employment		
<input type="checkbox"/> Change of Position	<input type="checkbox"/> Change of Assignment		
<input type="checkbox"/> Salary Change	<input type="checkbox"/> Location Change		
<input type="checkbox"/> Other	<input type="checkbox"/> Leave of Absence		
	<input type="checkbox"/> Other	This person replaces _____	
<input type="checkbox"/> Resignation	<input type="checkbox"/> Resignation		
<input type="checkbox"/> Retirement	<input type="checkbox"/> Retirement		
<input type="checkbox"/> Termination	<input type="checkbox"/> Termination		

<p>Hours per:</p> <p>Day _____ or Week _____ or Total _____</p> <p>Salary Amounts: (indicate one only)</p> <p>Daily \$ _____ Hourly \$ _____ Lump Sum \$ _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Fund/Account</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---

INSTRUCTIONS: This form will be instituted by departments responsible for the recommendation to hire personnel. Board of Trustee approval is required prior to an employee's first day of work.

Department Supervisor Business Office Human Resources Director

Distribution: (1) Human Resources (white copy) (2) Business Office (pink copy) (3) Principal/Supervisor (yellow copy)