



**PERSONNEL ACTION REQUEST**  
**Locally Funded Church or**  
**School Staff**

Church or School: \_\_\_\_\_  
Date Voted by Local Board: \_\_\_\_\_  
Board Minutes attached: \_\_\_\_\_

**EMPLOYEE INFO**

Employee Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone - Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**NEW**

Full-Time  Part-Time  Temporary

Hourly Rate: \$ \_\_\_\_\_

**REHIRE**

Job Title: \_\_\_\_\_

Place of Work: \_\_\_\_\_

**ADDITIONAL  
ASSIGNMENT**

Hours/Week: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**CHANGE**

Current Work Location: \_\_\_\_\_ Effective Date: \_\_\_\_\_

New Work Location: \_\_\_\_\_  Hours/Week: \_\_\_\_\_

**TRANSFER**

Job Title: \_\_\_\_\_  Hourly Rate: \$ \_\_\_\_\_

Status Change:  Full-Time  Part-Time  Temporary  Disability

Comments: \_\_\_\_\_

**TERMINATION**

Effective Date: \_\_\_\_\_ Work Location: \_\_\_\_\_

Resignation (attach letter)  Layoff/Reduction-In-Force  Dismissal  Retirement

**LEAVE OF ABSENCE**

Other: \_\_\_\_\_  Leave of Absence Begin: \_\_\_\_\_ End: \_\_\_\_\_

Vacation/Paid Leave Due: \_\_\_\_\_ Date voted by local Board: \_\_\_\_\_

Comments: \_\_\_\_\_

**COMPLETION OF THIS SECTION IS REQUIRED**

Authorized Representative: \_\_\_\_\_

(signature)

Date

\_\_\_\_\_  
(print name)

**Please submit to Human Resources 3 days BEFORE hire Fax: 480-991-4833**