

PERSONNEL ACTION FORM

West Sonoma County Union High School District

EMPLOYEE

Name _____ School Year _____
 Address _____ Phone _____
 Social Security # _____ Date of Birth _____
 TB Expiration _____ Ethnicity _____ Race _____

ACTION

Position Title _____ Site _____

Certificated Classified Management Confidential Supplementary Payroll

Hire

Salary Placement _____ Longevity _____

Hire Date _____ Benefits Start _____ FP Date _____

FTE _____ Hrs/Day _____ Mo/Days year _____

Position is New Replaces _____

Medical Plan _____ Coverage _____ Dental Vision

Position # _____

Additional Earnings: Masters Doctorate Extra Days _____

Email Advice of Deposit Yes No

CalPers / STRS Enrollment Date _____

Stipend

Position _____ Annual Amount _____

Terminate

Resignation Retirement Other

Last Paid Day _____ S/L Balance _____ Vac Earned _____

Retiree Benefits Yes # Years w/District _____

No Benefits End Date _____

LOA

20% 40% 60% 80% 100% Type _____

5-Mo Sub Diff Effective _____ Return to Work _____

Change

FTE/Hrs Salary Placement Classification Effective Date _____

From _____ To _____

Dock Salary

#Hours/Days _____ Dates _____

Pay Off

Comp time Hrs _____ Vac Hrs/Days _____ Bonus Days _____

Allocation of

S/L hrs _____ Vac hrs/days _____ Vac Pd or Issued _____

Original Addition Reduction

Other

APPROVALS

Human Resource Manager _____ Date _____

Business Manager _____ Date _____

_____ Date _____

COPY TO PAYROLL

COPY TO CONSORTIUM ACCOUNTANT