OLYMPIA SCHOOL DISTRICT PERSONNEL ACTION FORM

Last Name: _______________________________ First Name: _______________________________

Employee Type: ___ Certificated ___ Classified ___ Administrative ___ Student ___ Substitute ___ Coaching

Employment Status: ___ continuing ___ non-continuing ___ Other: ___________________________

Reason for Request: ___ New Employee (B) ___ Rehire (B) ___ Resignation (A & C) ___ Retirement (A & C) ___ Leave of absence (A & B) ___ Increase in FTE/hours (A & B) ___ Decrease in FTE/hours (A & B) ___ Budget Code Change (A/B) ___ Change in Assignment (A/B) ___ Supplemental (D) ___ Other: __________________________

(A, B, C, & D) indicates sections of form that must be completed for particular request.

A. Current Position/Assignment:

Location: ____________________________________________________________

Budget year: _________________________________________________________

Budget Code: ____________________________ Hours / F.T.E.: ________________

Budget Code: ____________________________ Hours / F.T.E.: ________________

Budget Code: ____________________________ Hours / F.T.E.: ________________

B. Position/Assignment being requested:

Location: ____________________________________________________________

Budget year affected: _________________________________________________

Beginning Date: ____________________________ Ending Date: _________________

Budget Code: ____________________________ Hours / F.T.E.: ________________

Budget Code: ____________________________ Hours / F.T.E.: ________________

Budget Code: ____________________________ Hours / F.T.E.: ________________

If applicable, this is a replacement for: ____________________________________

C. If resignation or retirement, last day worked: ___________________________

*please include letter of resignation/retirement, or if leave or permanent reduction in contract is being requested, attach employee’s letter requesting the leave or permanent reduction in FTE and the appropriate Administrator’s Recommendation Form.

D. Supplemental Contract Request

Position Title: __________________________________________ Location: __________

If extra-curricular/coaching, what season is this activity: ______________________

Budget Code: ____________________________

TO BE COMPLETED BY PERSONNEL: Step: __________ Contract Amount: __________

Additional information or remarks (use reverse side of form if more space needed):

Building/Department Administrator & Date ________________________________
Program Director (if applicable) & Date ________________________________
Finance Supervisor & Date ________________________________ Asst. Supt., Human and Financial Resources & Date ________________________________
Director of Personnel & Date ________________________________

Do not use this form to request a job posting. Please use JOB POSTING FORM.