



Employee Name _____ Social Security # _____ Dept.: _____

**ACTION
CODE:**

	Position/Job Title/ Assignment	Effective Date	Salary or Amount Paid	Budget Code
From (if changing)				
To (if changing)				
Stipend or Extra Pay #1				
Stipend or Extra Pay #2				
Stipend or Extra Pay #3				

Action Codes:

<p>S Separation from District</p> <p>____ Termination ____ Resignation ____ Retirement</p> <p>____ Post ____ Do Not Post</p>	<p>E Extra Duty</p>	<p>C Change—For Internal Change of Status or Reassignment within District</p> <p>____ Number of Days from ____ to ____</p> <p>____ Pay Level form ____ to ____</p> <p>____ Exempt ____ Non-Exempt</p>
	<p>V Vacancy</p>	
	<p>N New Position</p>	

Administrative Approval/Please Follow Sequence	DATE
Supervisor	
Superintendent	
Personnel	
Business Services	

NOTES: