

Albertville City Schools

PERSONNEL/PAYROLL ACTION FORM

Personnel/Payroll Office	
Date Received: _____	_____
Employee #: _____	_____
PEEHIP Portal: _____	Tier I _____ Tier II _____
Industrial Relations: _____	E-verify: _____

PERSONAL INFORMATION:

Employee Legal Name: _____
Last
First
MI

Completed Online Application: Yes ___ No ___
 Fingerprinted: Yes ___ No ___

**Required information to accompany the action form before
item can be placed on Board Agenda:**

Certified Only (Check Applicable Box):
 Certified In Alabama
 Certified Out of State
 Applying for Alabama Certification

Copy of Social Security Card: _____
 Copy of Driver's License: _____
 Job Description Signed _____
 Interview Log: _____

ACTION INFORMATION:

Position being hired for: _____ Work Site or School: _____

Type: ___ Certified ___ Non Certified ___ Other-Specify: _____

Work Year: Month/Days: ____/____/____ Hours/Periods: _____ Grade/Subject: _____

Effective Date: ____/____/____ Ending Date, if Applicable: ____/____/____

___ Employment: Replacing: _____ or ___ New Position

___ Transfer: From Position: _____ Location: _____

___ Resignation or ___ Retirement (Attach Letter of Resignation or Retirement)

___ Terminated

___ Other (Explain) _____

AUTHORIZATION:

*Employee Signature: _____	Date: _____
Requesting Supervisor Signature: _____	Date: _____
Program Director Signature: _____	Date: _____
Personnel Clerk Signature: _____	Date: _____
Chief Financial Officer Signature: _____	Date: _____

*Employee signature indicates request or approval of transfer, retirement or resignation.

FOR CENTRAL OFFICE USE ONLY

Funding Information:

Fund	AT	Function	Object	Cost Center	Funding Source	Yr	Program	Special Use	%

RATE OF PAY:

Emp Type ___ Code ___ Rank ___ Step ___ Board Approved Date: _____

Experience: This System ___ Other AL ___ Other Public ___ Private ___ = TOTAL ___

Annual Salary: _____ (Based on Full Work Year) Daily Rate: _____

Contract Days: _____ Adjusted Contract Days: _____ Adjusted Salary: _____ (Calculation Attached)

Supplement Salary: _____ Additional Supplement Days: _____ Supplement Days Salary: _____

Sick Leave Transferred From: _____ Days _____

Personnel Supervisor: _____ HR Director: _____ Personnel Clerk: _____