

Albertville City Schools

PERSONNEL/PAYROLL ACTION FORM

Human Resources Department
Date Received: _____
Employee #: _____

PERSONAL INFORMATION:

Legal Name: _____
Last
First
MI

Completed Online Application: Yes ___ No ___
 Cleared Background check : Yes ___ No ___
 Certified Only (Check Applicable Box):
 ___ Certified In Alabama
 ___ Certified Out of State
 ___ Applying for Alabama Certification (Recent Graduate Or Alternative route)

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

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

ACTION INFORMATION:

Position: _____ Location: _____
 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: _____
Human Resources Signature: _____	Date: _____
Chief Financial Officer Signature: _____	Date: _____

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

FOR HUMAN RESOURCES 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 _____ Education: College _____ Year _____

Human Resources Manager: _____ Chief Financial Officer: _____