

# Hutchinson Public Schools EMPLOYMENT ACTION FORM

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

POSITION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**EFFECTIVE DATE** \_\_\_\_\_

**ACTION REQUIRED:**

- New Employee       Rehire      Replaces: \_\_\_\_\_  
 Salary Change      Old Salary: \_\_\_\_\_      New Salary: \_\_\_\_\_  
 Change in Hours      Old Hours: \_\_\_\_\_      New Hours: \_\_\_\_\_  
 Change in Assignment      Old Assignment: \_\_\_\_\_      New Assignment: \_\_\_\_\_  
 Change in Location:      Old Location: \_\_\_\_\_      New Location: \_\_\_\_\_  
 Termination       Voluntary (Attach written resignation to this form.)       Involuntary (Attach documentation.)

**A. Complete this section for CERTIFIED Employees:**

**SALARY LEVEL:** \_\_\_\_\_ **SALARY STEP:** \_\_\_\_\_ **RATE OF PAY:** \_\_\_\_\_  
 DEGREE(S)/YEAR OBTAINED/EDUCATIONAL INSTITUTION: \_\_\_\_\_  
 \_\_\_\_\_  
 EXPERIENCE: \_\_\_\_\_  
 OTHER QUALIFICATIONS: \_\_\_\_\_  
 CERTIFIED ASSIGNMENT: \_\_\_\_\_ BUDGET CODE: \_\_\_\_\_  
 CONTRACT ADD-ON(S): \_\_\_\_\_ BUDGET CODE: \_\_\_\_\_  
 SUPPLEMENTAL DUTIES: \_\_\_\_\_ BUDGET CODE: \_\_\_\_\_

**B. Complete this section for CLASSIFIED Employees:**

**SALARY LEVEL:** \_\_\_\_\_ **SALARY STEP:** \_\_\_\_\_ **RATE OF PAY:** \_\_\_\_\_  
 RELEVANT EXPERIENCE: \_\_\_\_\_  
 ADDITIONAL TRAINING/EDUCATION: \_\_\_\_\_  
 PROJECTED START DATE: \_\_\_\_\_ HOURS PER DAY: \_\_\_\_\_  
 START WORK TIME \_\_\_\_\_ END WORK TIME \_\_\_\_\_  
 BUDGET CODE: \_\_\_\_\_

**C. APPROVALS:**

\_\_\_\_\_ Date \_\_\_\_\_ Human Resources Director \_\_\_\_\_ Date \_\_\_\_\_  
 Building Principal / Direct Supervisor  
 Date On Board Agenda: \_\_\_\_\_ Approved Rate of Pay: \_\_\_\_\_