Attachment 6

WASHINGTON COUNTY SCHOOL DISTRICT

## **PERSONNEL ACTION REQUEST**

BASIC CONTRACT

CHANGE IN BASIC CONTRACT

Action Requested For: Classified Employee Certificated Employee						
Name (Last, First, Middle ) leave this block blank for hire actions	Proposed Effective Date					
type of Action Requested: Extended (Temp.) Agreement Hire Transfer Change Hours Change Funding Separate Retire Other:						
Replacing:	Date Vacated:					
Requested Funding Source For New Assignment: Regular Special Ed.	Account Code:					
□ Voc Ed □ Title 1 □ ESL □ YIC □ Other:						
<b>Current Assignment:</b> (Enter only if employee has a current basic contract)	New or Additional Assignment: (Only enter changes to basic contract or all data for a new Hire or Extended Agreement)					
Location	Location					
Status: Provisional Career Seasonal One Year	Status:  Provisional  Career  Seasonal  One Year					
Other :	Other :					
Title (Position)	Title (Position)					
Contract Days: Hours in a Contract Day:	Contract Days: Career Ladder Days Remaining: Hours in a Contract Day:					
Work Schedule:	Work Schedule:					
□ Full Time □ Part Time	Full Time      Part Time					
Special Consideration:  Year Round  Track  Traditional	Special Consideration:       Year Round       Track       Traditional         Payment by:       Image: Monthly       Time Card       Lump Sum					
Personnel Action Requested By (Principal / Supervisor) (Please Print or Type)	Contact Phone Number (cell phone,/ office) Date of Request					
Signature of Requester (Principal or Supervisor):	Date:					

Remarks:

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Action:		Social Security Number		Effective Date	Not-to-Exceed Date	
	rrent Assig			New or Additional Assignment:		
Contract Days:		Hours in a Contract Day:	Contract Days:	Hours in a Contract Day:	Days Remaining :	
			Preparation days	Career Ladder Days:	Parent Teacher Days:	
Lane:	Step:	Salary Amount:	Lane:	Step:	Salary Amount:	
Dates of any Extended Agreements:			Will action require Orderly Termination Procedures?       Yes       No         Is new position Benefited?       Yes       No			
Utah Certification:						
<b>MANDATORY APPROVAL:</b> Will this action result in exceeding the FTE limits set in the District approved staffing plan? $\Box$ Yes $\Box$ No <b>If yes, this action must be approved by the Superintendent</b> .						
Signature of Administrator :				Date	e:	