

COLUMBUS MUNICIPAL SCHOOL DISTRICT PERSONNEL ACTION

(Original Form to Human Resources)

School / Department: _____

SSN: _____

Employee Legal Name: _____

DOB: _____

Only One Action Will Apply, Complete The Action Box For The Recommendation Only

☐ Action: Hiring Recommendation Has employee worked in the district before? ____ Yes or ____ No

Specific Position Title: _____

New Position - Yes or No, Replacement For: _____

Effective Start Date: _____ Days Will Work: _____

Funding Source: _____ Verified Years of Experience: _____

Salary Schedule No: ____ Recommended Salary: _____ Based on ____ Contract Days

Certification(attach license): _____ Educator ID#: _____

Complete Employee Application, License, Resume, Transcript(AT'S) Must be Attached

☐ Action: Employee Resignation

Specific Position: _____ Effective End Date: _____

Will this position be replaced - Yes or No Reason: _____

Resignation Letter Must be Attached

☐ Action: Employee Termination

Specific Position: _____ Effective End Date: _____

Will this position be replaced - Yes or No

Termination Explanation Must be Attached

☐ Action: Employee Change of Assignment(COA)/Change in Pay

Effective Date of Change: _____ Replacement For: _____

Current Position: _____ New Position: _____

Current Salary: _____ New Salary: _____

Funding Source: _____ New Funding Source: _____

Current Location: _____ New Location: _____

Change of Assignments from one location to another location must be signed by both Building Administrators.

Principal/Director/Receiving Principal Signature _____ Date _____

Superintendent or Designee _____ Date _____

Chief Financial Officer _____ Date _____ Federal/Special Programs Director _____ Date _____ Director of Human Resources _____ Date _____

Columbus Municipal School District shall not discriminate in its policies and practices with respect to compensation, terms or conditions or employment because of an individual's race, color, ethnic or national origin, religion, gender, height, weight, age, marital status, political beliefs, disability, or handicap which does not impair an individual's ability to perform adequately in that individual's particular position or activity.

Board Approval Date _____

Updated-07/14/2023 LSE