

Distribution:

- HR
- Payroll
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- Personnel File

**TRENTON BOARD OF EDUCATION
HUMAN RESOURCES
PERSONNEL ACTION REQUEST**

For HR use only:

Position # <hr style="border: none; border-top: 1px solid black;"/>
Posting #

Employee Name:

<input type="checkbox"/> <u>Leaves</u>	<input type="checkbox"/> <u>Pay Status</u>	<input type="checkbox"/> <u>Salary Items</u>	<input type="checkbox"/> <u>Work Status</u>	<input type="checkbox"/> <u>Work Status (Continued)</u>
<input type="checkbox"/> Administrative	<input type="checkbox"/> With Pay	<input type="checkbox"/> Longevity	<input type="checkbox"/> Abolishment of Position	<input type="checkbox"/> Resignation
<input type="checkbox"/> Childcare	<input type="checkbox"/> With Pay- Pro-rated	<input type="checkbox"/> Non-Renewal	<input type="checkbox"/> Appointment	<input type="checkbox"/> Retirement
<input type="checkbox"/> Family	<input type="checkbox"/> Without Pay	<input type="checkbox"/> Salary Adjustment	<input type="checkbox"/> Death	<input type="checkbox"/> Termination
<input type="checkbox"/> Furlough		<input type="checkbox"/> Withholding of Increment	<input type="checkbox"/> Interim Appointment	<input type="checkbox"/> Transfer-Involuntary
<input type="checkbox"/> Maternity	<input type="checkbox"/> <u>Term of Contract</u>	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Long Term Substitute	<input type="checkbox"/> Transfer-Voluntary
<input type="checkbox"/> Military	<input type="checkbox"/> 10 Month		<input type="checkbox"/> New Hire	
<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> 12 Month		<input type="checkbox"/> Position Creation/Posting	
<input type="checkbox"/> Sabbatical	<input type="checkbox"/> Interim		<input type="checkbox"/> Position Reclassification	
<input type="checkbox"/> Sick/Medical			<input type="checkbox"/> Reassignment	
<input type="checkbox"/> Suspension			<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other (See Remarks)

Remarks:		
Effective From Date (MON-DD-YYYY):		Effective To Date (MON-DD-YYYY):
Change	From:	To:
Title		
Salary		
GAAP Code		
Location		

Board Agenda Date (MON-DD-YYYY) :	Administrative Approval Date (MON-DD-YYYY) :
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Transaction Recommended By:	Supervisory Approval:
_____ (Signature) (Date)	_____ (Signature) (Date)
Accounting:	Human Resources:
_____ (Signature) (Date)	_____ (Signature) (Date)
Received By Payroll	