



CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE • CAPE GIRARDEAU, MO 63701 • PHONE: 573-335-1867 • FAX 573-335-1820

Personnel Action Form

Complete form and submit to the Office of Human Resources

Employee Name: _____ **Effective Date:** ___/___/___

Rehire: (To re-employ a temporary employee – hired for 6 months or longer)

Building/Location: _____

Position: _____

End Date: _____

Pay Schedule/Step: _____

Board Approval Date: _____

Reassignment _____ **Reassignment is a change of assignment, i.e., grade level or academic subject or department area either within a site or to another site; movement within a department.** **OR**

Transfer _____ **A transfer is movement from one position to another within the same classification title.**

From (Position): _____

At (Work Location): _____

To (Position): _____

At: (Work Location): _____

Increase/Decrease in Hours/Days:

Reason for change: _____

Position: _____

At (Work Location): _____

Increase: From: _____ hours/days To: _____ hours/days

Decrease: From: _____ hours/days To: _____ hours/days

Other Changes: (add/remove stipend/extra duty, account code changes, wage changes, etc.)

Building/Location: _____

Position: _____

Reason for change: _____

Action to be Taken: _____

Funding: ___ District ___ SPED ___ Title

Account #: _____

Authorized Signatures:

Supervisor

Date

Budget Administrator

Date

Human Resource Coordinator

Date

Federal Program Coordinator

Date

This section is to be completed by the Office of Human Resources

SISFIN Data Entry Completed by

Date

SISFIN Data Entry Verification

Date