

SHELLEY JOINT SCHOOL DISTRICT NO. 60

545 Seminary Avenue Shelley, ID 83274

(208) 357-3411 Fax: (208) 357-5741

PERSONNEL ACTION FORM

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ School Location \_\_\_\_\_

Position Title \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Temp \_\_\_\_\_

Date of Hire/Change \_\_\_\_\_ Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_ Marital Status: Married \_\_\_\_ Single \_\_\_\_

Spouse Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

(If different from above)

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email address \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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(To be completed by Business Office) Probationary: YES \_\_\_\_ NO \_\_\_\_ Date: \_\_\_\_\_

Certified (Exempt) \_\_\_\_ Classified \_\_\_\_ Exempt \_\_\_\_ Non-exempt \_\_\_\_

Budget Code(s) \_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

Placement on Appropriate Salary Schedule: \_\_\_\_\_ Step \_\_\_\_\_ Salary \$ \_\_\_\_\_

Hours Per Day \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Days Budgeted Per Fiscal Year \_\_\_\_\_

Date fingerprinted \_\_\_\_\_