

# DEWEYVILLE INDEPENDENT SCHOOL DISTRICT PERSONNEL ACTION REQUEST

Type of Action		Effective Date:	
<input type="checkbox"/> New Allocation <input type="checkbox"/> Replacement Position <i>Incumbent Name:</i> _____ <i>Title/Assignment:</i> _____		<input type="checkbox"/> Change: <input type="checkbox"/> Position <input type="checkbox"/> FTE/Hours <input type="checkbox"/> Compensation <input type="checkbox"/> Other( <i>specify</i> ): _____	
<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Termination	
Employee Information			
Name (Last, First):		Employee I.D.:	
Address:		Phone:	
Degree: <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> Doctorate	Certification(s): _____ _____		
Position Information			
Position Title/Assignment:		FTE %:	
Position Title/Assignment:		FTE %:	
Campus/Department:			
Budget Code/FTE %:			
Budget Code/FTE %:			
<input type="checkbox"/> Grant Funded      Grant Name: _____			
<i>Instructional Staff Only:</i> <input type="checkbox"/> Teacher of Record <input type="checkbox"/> Certified for Position <input type="checkbox"/> Highly Qualified			
<b>Compensation</b>	<input type="checkbox"/> Exempt	Annual Salary:	
	<input type="checkbox"/> Nonexempt	Hourly Salary Rate:	
	Pay Grade:	FTE %:	Days/Year:
<b>Experience Credit</b>	Number of Years:	Type of Experience:	
	Number of Years:	Type of Experience:	
Comments:			
Approval Signatures			
Supervisor:		Title:	Date:
Approved by:		Title:	Date:
Data Entry/Verification			
HR:	Date:	Payroll:	Date:

