|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personnel Action Justification Form**  **Supervisors must complete this form anytime a personnel action is needed for a direct report employee.**  This includes actions such as, but not limited to: terminations, new hires (temp/FTE), rehires, promotions, breaks in service, position reclassification, Leave Without Pay Status (LWOP), etc.  No personnel action form will be completed or submitted to the Department of Education without receiving this form. Once the form is complete and signed, submit to Samantha Ingram at [singram@scfirststeps.org](mailto:singram@scfirststeps.org) Type of Action  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | New Hire-(Temporary) |  | New Hire-(FTE) |  | Break-In-Service |  | Rehire |  | Reclassification |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Promotion |  | Termination |  | LWOP |  | FMLA |  |  |  |  |  |  | | --- | --- | --- | |  | Other(explain): |  | |

### Employee Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Employee Last Name: |  |  | Employee First Name: |  | | Position Title: |  |  | Employee Start Date: |  | | Department: |  |  | Employee End Date: |  | | Reports To: |  |  | Rate of Pay (per hour): |  | |

### Type of Position

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Full-Time |  | Part-time |  | Position Extension |  |  |

### Compensation Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Salary: | $ | Proposed Salary: | $ | Salary Increase: | Yes No |

### Justification for Request of Action (attached additional sheet if necessary):

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Requested by: | Date: |

### FOR HR USE ONLY

|  |  |  |
| --- | --- | --- |
| Date Received: | Position Description Attached: | Yes  No |
| Date Forward to Management: | Forwarded To: | Director  Deputy Director  COO/CFO  Returned to Requestor |
| HR Coordinator Signature: |  | |

|  |  |  |
| --- | --- | --- |
| **Request**  **Approved**  **Request Denied**  Updated 10/2015 | Signature of Approver: | |
| Title: | Date: |