

LW Charter Schools Personnel Action Form

Personnel #: _____ Date Submitted: _____

Last Name: _____ First Name: _____ Middle Name: _____

Personnel Location: _____ Location No: _____

Effective Date of Action: _____ AM: PM: Position Cost Center: _____

Gender: Male Female US Citizen: Yes No

Ethnic Origin: White Hispanic Asian Pacific Islander Other: _____

Black American Indian Alaskan Native

Social Security Number: _____ Birthdate: _____

Select Appropriate Action Type(s) and Description: _____ Employee Completing Form: _____

New Appointment:

- New Position
- Rehire
- Replacement

Termination:

- Abandoned Position
- Certification
- Did not meet mission & vision

- Salary/Step Change
- Name/Position Change
- Other _____

Transfer:

- Demotion
- Lateral
- New Position
- Promotion
- Reassignment

- Hired After October 31st
- Performance
- Death
- Dismissal by Board
- Dismissed During Probation
- LOA Expired
- Other Reason: _____

Course Code Numbers

(Must be provided, if instructional)

Retirement (Letter/Exit Interview)

Leave of Absence – Unpaid

- Educational
- Medical
- Parental
- Personal
- Public Office
- Military
- Other: _____

Resignation (Letter/Exit Interview)

- Employed in Education in Florida
- Employed in Education Outside of Florida
- Employed Outside of Education
- Disabled
- Resign in Lieu of Termination
- Other Reason: _____

Leave of Absence – Paid

Military

Return from Leave

(Doctor statement attached)

Approved By: _____ Date: _____

Home Telephone Number: _____ Salary: _____

Address: _____ City: _____ Zip: _____

Position Title: _____ Job Code: _____ Position No: _____

If Transfer: From Position Title: _____ Position No: _____ Job Code: _____

Transfer To Position Title: _____ Position No: _____ Job Code: _____

If Replacement, Name of Employee being replaced: _____

Has this person been employed in the Polk County School system before? Yes No

If yes, give name under which employed: _____ Position/Date Hired: _____