



Personnel Action Form

Regional School District No. 4 Chester • Deep River • Essex

NAME: _____ **BRD:** ____ **SCH:** ____ **DATE:** _____ **ORIGINATED BY:** _____

Change

Board Change
 Position Change
 Hours/FTE Change
 Degree Change
 Salary Change

Effective Date: _____	End Date: _____	<input type="checkbox"/> Retro Due (Payroll-attach calculation)
Change From: _____	To: _____	Wage/Hours From: _____ Wage/Hours To: _____
Account to Be Charged: _____		

Additional Compensation

<input type="checkbox"/> Additional Stipend/Comp: For _____ \$Amount _____
Other/Comments/Notes: _____ _____ _____
Account to Be Charged: _____

Leave of Absence

Medical
 Childbirth
 FMLA
 Intermittent FLMA
 Personal
 Other: _____

Effective Date: _____	Expected Return Date: _____	Actual Return Date: _____	Last Day of Pay: _____
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Leaving Employment

Resigning
 Retiring
 Termination
 RIF
 Other: _____

Effective Date: _____	Last Day of Pay: _____
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As of _____

(For HR/Payroll Use Only)

Sick Time Balance: _____ Hours _____ Days	Vacation Time Balance: _____ Hours _____ Days
Other/Comments/Notes: _____	

Approval Process

Special Education	Principal or Director of Pupil Services > Finance Director > Superintendent
Teaching/Curriculum	Principal > Assistant Superintendent > Finance Director > Superintendent
Extra Duties	Principal or Administrator > Finance Director > Superintendent
Leaving Employment/LOA	Principal or Director > Assistant Superintendent > Finance Director > Superintendent

Approvals

Superintendent	Principal/Director
Date	Date
Assistant Superintendent	Finance Director
Date	Date

Personnel
 Originator
 Payroll
 Finance Director
 Director of Technology
 Assistant Superintendent

PERSONNEL ACTION FORMS (PAF)

This form is to be used to indicate all employee changes which will affect their employment.

**** PLEASE ALLOW FOR UP TO 5 BUSINESS DAYS FOR THE PAF PROCESS TO BE COMPLETED ****

Complete the header in its entirety for all PAFs. Note that there is a new section in the form header for the person requesting the form to document their name as the **Originator**. The Originator will be sent a copy of the final PAF once it has been completed.

Changes: Board Changes, Position Changes, Hours Changes, Degree Changes, or Salary Changes

The approval process: The Supervisor or Building Principal completes this form and submits it to the Finance Director for approval. It is forwarded to the Superintendent for final approval.

State the effective date of the change. If there is an end date, indicate it. If this change is retroactive, tick the retro box. Please keep in mind that forms *should* be submitted prior to a change taking effect.

You need to indicate what the change is as well. Fill in the boxes that state change from and change to.

If there is a change to the account to be charged (e.g. Board, School, or Position changes), list the new account in this section.

Example: John Smith is a custodian at the middle school. He is to be temporarily transferred to the high school to fill an opening for a month. No changes to hours or wages. Your form would look like this:

Personnel Action Form Regional School District No. 4 Chester • Deep River • Essex									
NAME:	John Smith	BRD:	R4	SCH:	JW	DATE:	09/29/21	ORIGINATED BY:	Robert Grissom
Change									
<input type="checkbox"/>	Board Change	<input checked="" type="checkbox"/>	Position Change	<input type="checkbox"/>	Hours/FTE Change	<input type="checkbox"/>	Degree Change	<input type="checkbox"/>	Salary Change
Effective Date:	10/01/21	End Date:	10/31/21	<input type="checkbox"/>	Retro Due (Payroll-attach calculation)				
Change From:	JWMS Cust.	To:	VRHS Cust	Wage/Hours From:	N/A	Wage/Hours To:	N/A		
Account to Be Charged:	4226001-5124								

Additional Compensation

*The approval process for **Extra Duties**: The Supervisor, Administrator, or Building Principal completes this form and submits it to the Finance Director for approval. It is forwarded to the Superintendent for final approval.*

*The approval process for **Curriculum Work** or **Teaching duties**: The Building Principal completes this form and submits it to the Assistant Superintendent for approval. It is forwarded to the Finance Director for additional approval. It is forwarded to the Superintendent for final approval.*

If an employee is to be paid an amount that is not included in the scope of their salary and appointment sheet, resulting in budgetary impacts, prior approval is required. Indicate the reason for the extra comp, the amount (which can be hourly, daily, or a fixed amount) and the account number to be charged. The **Other / Comments / Notes** section should include the scope of the assignment, for example, 10 hours per week for two months.

Leave of Absence or Leaving Employment

*The approval process for **LOA and Terminations**: Either HR or the Building Principal or Supervisor completes this form and submits it to the Assistant Superintendent for approval. It is forwarded to the Finance Director for additional approval. It is forwarded to the Superintendent for final approval.*

Once the employee has notified the superintendent of a change of this nature, by submitting either a written request or a letter of resignation, HR will complete this form. Payroll should be notified immediately so they can prepare their records within the pay cycle. Secretaries may have the form sent to them requesting that they fill in the actual return date of an employee after a leave.