

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 _____

(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 _____