



# CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE • CAPE GIRARDEAU, MO 63701 • PHONE: 573-335-1867 • FAX 573-335-1820

## Personnel Action Form

*Complete form and submit to the Office of Human Resources*

**Employee Name:** \_\_\_\_\_ **Effective Date:** \_\_\_/\_\_\_/\_\_\_

**Rehire:** (To re-employ a temporary employee – hired for 6 months or longer)

Building/Location: \_\_\_\_\_

Position: \_\_\_\_\_

End Date: \_\_\_\_\_

Pay Schedule/Step: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_

**Reassignment** \_\_\_\_\_ **District-initiated movement of an employee from one position or building to another.**

**OR**

**Transfer** \_\_\_\_\_ **Movement of an employee from one position or building to another at the request of the employee.**

From (Position): \_\_\_\_\_

At (Work Location): \_\_\_\_\_

To (Position): \_\_\_\_\_

At: (Work Location): \_\_\_\_\_

**Increase/Decrease in Hours/Days:**

Reason for change: \_\_\_\_\_

Position: \_\_\_\_\_

At (Work Location): \_\_\_\_\_

Increase: From: \_\_\_\_\_ hours/days To: \_\_\_\_\_ hours/days

Decrease: From: \_\_\_\_\_ hours/days To: \_\_\_\_\_ hours/days

**Other Changes: (add/remove stipend/extra duty, account code changes, wage changes, etc.)**

Building/Location: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for change: \_\_\_\_\_

Action to be Taken: \_\_\_\_\_

**Funding:**    \_\_\_\_ District                      \_\_\_\_ SPED                      \_\_\_\_ Title

Account #: \_\_\_\_\_

**Authorized Signatures:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal Program Coordinator

\_\_\_\_\_  
Date

---

---

**This section is to be completed by the Office of Human Resources**

\_\_\_\_\_  
SISFIN Data Entry Completed by

\_\_\_\_\_  
Date

\_\_\_\_\_  
SISFIN Data Entry Verification

\_\_\_\_\_  
Date