

Hernando County School District

Personnel Action Form (PAF)

Employee Name: _____ Employee ID#: _____

Location (Site): _____ Effective Date(s): _____

Position _____ Beginning of Day _____ End of Day _____

TRANSFER

From Position _____

Location _____

Days _____ Hours _____

Account No. _____

To Position _____

Location _____

Days _____ Hours _____

Account No. _____

Replacing _____

Instructional Only: Course Code No. _____ Grade Level(s) Being Taught _____

ADULT EDUCATION INSTRUCTOR

Account No. _____ Assignment _____

Location _____ Non-Degreed Adult Ed Instructor _____

ADVANCED DEGREE

Professional/Technical _____ AA _____ BA _____ Masters _____ Specialist _____ Doctorates _____

HERNANDO eSCHOOL

Account No. _____ Course Code _____ Title _____

IN-DISTRICT TRAINER

Account Charged _____ Title of Training _____ Total Hours _____

PAYROLL DEDUCTIONS/DROP THE FOLLOWING:

Dues for _____ Credit Union Deductions _____

Annuity _____ Or _____

RETURN FROM LEAVE

Return from Extended Leave _____ Return from FMLA Leave _____

SUSPENSION

Without Pay by Board _____ Without Pay as Discipline _____ No. of days _____

TERMINATION

Abandoned Position _____ Certification _____ Non-Reappointment _____

Performance _____ Within Probation Period _____ Terminated by Board _____

Current Site Administrator's Signature Date

Receiving Site Administrator's Signature Date

Project Director's Signature Date

Employee's Signature Date

POSITION CONTROL APPROVAL _____ DATE _____

Account No. _____ Skyward Assignment _____

HCSD/ HR Director _____ Processed by HR _____ Board Date _____ Processed by Payroll _____