

EMPLOYEE ID NO.

LAST NAME (AS IT APPEARS IN AS400)

FIRST NAME (AS IT APPEARS IN AS400)

MI

EMPLOYEE SIGNATURE

INSTRUCTIONAL SUPPORT ADMINISTRATION OTHER



EMPLOYEE ACTION FORM

Reset Form

THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA

Print Form

AD # REPLACEMENT FOR: _____ RESIGNED/RETIRED/TERMINATED TRANSFERRED/PROMOTED
 ON LEAVE FROM _____ TO _____ EFFECTIVE DATE: _____

ACTION: REASON: LEAVE:

RECOMMENDED DATE OF RECLASS / TRANSFER _____ APPRVD DATE OF RECLASS / TRANSFER _____

FROM: SCHOOL / DEPT #: SCHOOL / DEPT NAME: HOURS PER DAY:

TO: SCHOOL / DEPT #: SCHOOL / DEPT NAME: HOURS PER DAY:

FR / TO P	JOB TITLE	JOB #	POSITION #	HRS-DAY	MOS WKD #	FUND	FUNC	PROJECT #	PRG CAT
<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ORIG HIRE: NWT: RANK: FIELD: RETIREMENT: NWT: CONTRACT DAYS: CONTRACT SAL:

JUSTIFICATION :

INITIATING SCHOOL/DEPT. HEAD _____ DATE _____ RECEIVING SCHOOL/DEPT. HEAD _____ DATE _____ COMPENSATION SERVICES _____ DATE _____

DIVISION HEAD/ASST SUPERINTENDENT _____ DATE _____ SUPERINTENDENT (OPT. AS NEEDED) _____ DATE _____ HUMAN RESOURCES ADMINISTRATOR _____ DATE _____

H/R OFFICE USE ONLY:

OLD PAY TYPE: MOS WRKD: OLD GRADE: OLD PAY: OLD PAY: JOB CODE:
NEW PAY TYPE: MOS WRKD: NEW GRADE: NEW PAY: NEW PAY: JOB CODE:

BOARD APPRVD DATE: _____ DATE POSTED: _____ ENTERED BY: _____