

Lake Wales Charter Schools Personnel Action Form

Personnel #: _____ SAP #: _____ Date Submitted: _____

Last Name: _____ First Name: _____ Middle Name: _____

Personnel Location: _____ Location Number: _____

Effective Date of Action: _____ AM: PM: Federal Job Assignment %: _____

General Fund #: _____ Federal Fund #: _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race & Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Check all that apply: American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Number: _____ Birthdate: _____
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Employee Completing Form: _____

Select Appropriate Action Type(s) and Description **Approved By:** _____

New Appointment

- New Position
- Rehire
- Replacement

Termination

- Abandoned Position
- Certification
- Contract Not Renewed
- Hired After October 31st
- Performance
- Death
- Dismissal by Board
- Dismissed During Probation
- LOA Expired
- Other Reason: _____

Other

- Salary/Step Change
- Name/Address Change
- Funding Change

Transfer

- Demotion
- Lateral
- New Position
- Promotion
- Displaced

Notes/Comments:

Leave of Absence - Unpaid

- Educational
- Medical
- Parental
- Personal
- Public Office
- Military
- Other: _____

Resignation (Letter/Exit Interview)

- Employed in Education in Florida
- Employed in Education Outside of Florida
- Employed Outside of Education
- Disabled
- Resign in Lieu of Termination
- Other Reason: _____

Retirement (Letter/Exit Interview)

Leave of Absence - Paid

- Military
- Return from Leave** (Attach Doctor's Statement)

Home Telephone Number: _____ Salary: _____

Address: _____ City: _____ Zip: _____

Title: _____ Position No. _____ Job Code: _____

If Transfer, From Position Title: _____ Position No. _____ Job Code: _____

To Position Title: _____ Position No. _____ Job Code: _____

If Replacement, Name and SAP Number of Employee being replaced:

Name: _____ SAP: _____

Has this person been employed in the Polk County School system before? Yes No

If yes, give name under which employed: _____ Position/Date Hired: _____

_____ is leaving _____ to work at _____

Name of Employee

Current Charter School

Receiving Charter School