

**PERSONNEL ACTION FORM
HAZLEHURST CITY SCHOOL DISTRICT**

Site/Department _____

Applicant/Employee Name _____

Position/Title _____

Date _____

New Position Yes No

Check One: Recommended Hire Change of Status

Termination Resignation*

Retirement Leave of Absence

Reason for Action:



First Day of Employment _____

Submitted by: _____ **Date** _____

To Be Completed by HCSD Business Office

Annual Salary _____ Days to be Employed _____

Certified _____ Classified _____ Account Code _____

Administrative Review

Human Resources Officer _____

Superintendent _____

*Attach a copy of the employee's signed resignation form