

SCHOOL NAME \_\_\_\_\_ SCHOOL NO \_\_\_\_\_ DATE \_\_\_\_\_

**MEMORANDUM**

TO: DIRECTOR OF HUMAN RESOURCES  
 FROM: PRINCIPAL/DIRECTOR: \_\_\_\_\_  
 RE: RECOMMENDATION FOR PERSONNEL ACTION: Certificated \_\_\_\_\_ Classified \_\_\_\_\_

EMPLOYEE=S FULL NAME \_\_\_\_\_ SOC SEC NO \_\_\_\_\_

JOB TITLE \_\_\_\_\_ EFFECTIVE DATE\* \_\_\_\_\_

DAILY DUTY HOURS \_\_\_\_\_ SUGGESTED PAY \_\_\_\_\_

*\*The effective date is the date the payroll department uses to begin paying the employee. If this changes after a Form 3 has been submitted, a corrected form 3 must be submitted to ensure that the employee is paid correctly.*

<input type="checkbox"/> APPOINTMENT	<input type="checkbox"/> REGULAR	<input type="checkbox"/> INTERIM	<input type="checkbox"/> PART-TIME
<input type="checkbox"/> REAPPOINTMENT	<input type="checkbox"/> REGULAR	<input type="checkbox"/> INTERIM	<input type="checkbox"/> PART-TIME
<input type="checkbox"/> RESIGNATION			
<input type="checkbox"/> TERMINATION			
<input type="checkbox"/> TRANSFER	FROM: _____	TO: _____	
<input type="checkbox"/> OTHER	EXPLAIN: _____		

REASON FOR REQUEST:  NEW POSITION  REPLACEMENT

If replacing another employee, indicate former employee information:

NAME: \_\_\_\_\_ POSITION \_\_\_\_\_

FUNDING SOURCE _____
ACCOUNT NO. _____

<p><b>HIGHLY QUALIFIED TEACHER</b>                  I have reviewed the Highly Qualified Teacher checklist. This teacher:</p> <p><input type="checkbox"/> Meets the criteria</p> <p><input type="checkbox"/> Does not meet the criteria</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Does not teach a core academic subject</p>
---

Approved: \_\_\_\_\_ Approved: \_\_\_\_\_  
 Principal/Director Director, Human Resources

**FAX TO: 379-2255**