

# Fallbrook Union High School District

## Human Resources Department PERSONNEL ACTION FORM

Employee Name \_\_\_\_\_

Date \_\_\_\_\_

Employee ID # \_\_\_\_\_

Certificated  Classified

OR Social Security # \_\_\_\_\_

Limited Term

Retired

Terminated

**EMPLOYMENT DATA:**  NAME CHANGE  ADDRESS/PHONE CHANGE  NEW EMERGENCY CONTACT

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

**New Marital Status:**  Single  Divorced  Married

**New Emergency Contact:** Name \_\_\_\_\_ Phone \_\_\_\_\_

FAX ADDRESS CHANGES TO: Consortium (858) 569-5086 \_\_\_\_\_

ENTERED IN: PERSONNEL DIRECTORY \_\_\_\_\_ EMPLOY \_\_\_\_\_ PERSONNEL SYSTEM \_\_\_\_\_ AESOP \_\_\_\_\_ AESD-1 \_\_\_\_\_

**LEAVE OF ABSENCE:**  MATERNITY  MEDICAL  PERSONAL  OTHER \_\_\_\_\_

REASON: \_\_\_\_\_ ENDING GROUP/RANGE/STEP: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_ RETURNING GROUP/RANGE/STEP: \_\_\_\_\_

**TERMINATION:**  RESIGNED WITH NOTICE  RESIGNED WITHOUT NOTICE  LAY-OFF  DISCHARGED  RETIREMENT  
(ATTACH DOCUMENTATION)

POSITION: \_\_\_\_\_ ENDING GROUP/RANGE/STEP: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ DATE LAST WORKED: \_\_\_\_\_

ENTERED IN: EXPAY \_\_\_\_\_ EMPOS \_\_\_\_\_ BDEMP \_\_\_\_\_ LEAVE/LOG \_\_\_\_\_ GPADJ \_\_\_\_\_ AESD-1 \_\_\_\_\_ COBRA \_\_\_\_\_

EMPLOY \_\_\_\_\_ AESOP \_\_\_\_\_ PER. SYSTEM \_\_\_\_\_ PERSONNEL DIRECTORY \_\_\_\_\_ MATRICULATION \_\_\_\_\_ BDEMP \_\_\_\_\_

EMPLOYEE SEPARATION \_\_\_\_\_ COMMENTS: \_\_\_\_\_

**SALARY/POSITION CHANGE/REHIRE:** POSIT # \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ADD \_\_\_\_\_ DELETE \_\_\_\_\_

REASON: \_\_\_\_\_ ENDING GROUP/RANGE/STEP: \_\_\_\_\_

**BOARD AGENDA DATE:** \_\_\_\_\_

Human Resources

Date

Payroll

Date