

ROCKINGHAM COUNTY PUBLIC SCHOOLS
PERSONNEL ACTION REQUEST FORM

REQUESTED EFFECTIVE DATE _____

Name _____

School _____

Position & Assignment _____

ACTION REQUESTED

_____ New Hire

_____ Reappointment (in this position on a 1 yr. appointment last year)

_____ Transfer (from location & position) _____

_____ Change in Assignment (from location and position) _____

_____ Separation of Service (explanation) _____

_____ New Extra-Curricular Assignment (years of experience) _____

_____ Delete Extra-Curricular Assignment (reason) _____

_____ Long-term Substitute (approximate dates of assignment) _____

Substitute currently licensed and properly endorsed _____ Yes _____ No

ADDITIONAL INFORMATION

_____ Replacement of _____

_____ New Position

_____ Full-time

_____ Part-time (provide exact schedule) _____

Additional Information _____

Principal's Signature & Date _____

ROCKINGHAM COUNTY PUBLIC SCHOOLS
PERSONNEL ACTION REQUEST FORM

School _____

Position & Assignment _____

Replacement of _____

Recommended _____

NUMBER OF APPLICANTS CONSIDERED FOR THIS POSITION _____

CANDIDATES INTERVIEWED

<u>Name</u>	<u>Date Interviewed</u>	<u>Letter Prepared</u>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Principal's Signature & Date _____