



Riverside Elementary School District No. 2 Personnel Action Request (P.A.R.)

Revised 6/3/16

GENERAL INFORMATION

Name:	<input type="text"/>	School/Department:	<input type="text"/>
Desired Start Date:	<input type="text"/>	Board Approval Date:	<input type="text"/>
		Position:	<input type="text"/>

ACTION TYPE: (ONLY CHOOSE ONE) MUST INCLUDE DOCUMENTATION

<input type="checkbox"/> New Hire	Replacement For:	<input type="text"/>
<input type="checkbox"/> New Position (Reverse side must be completed)		
<input type="checkbox"/> Position Change	From:	<input type="text"/>
	To:	<input type="text"/>
<input type="checkbox"/> Dismissal Action (Attach Documentation)		
<input type="checkbox"/> Resignation	Eligible for Rehire:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post Vacancy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Retirement	Eligible for Rehire:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Post Vacancy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Leave of Absence	Leave will BEGIN on:	<input type="text"/>
	Leave will END on:	<input type="text"/>
<input type="checkbox"/> Stipend	For:	<input type="text"/>
	Stipend Amount:	\$ <input type="text"/>
<input type="checkbox"/> Status Change: From Time Sheet (prior to Board Approval) to:	<input type="checkbox"/> Time Sheet (Post Board Approval)	<input type="checkbox"/> Agreement <input type="checkbox"/> Contract
<input type="checkbox"/> Work Beyond:	<input type="text"/>	
<input type="checkbox"/> Other:	<input type="text"/>	

GIVE COMPLETE DETAILS TO SUPPORT ACTION TYPE REQUESTED

<input style="height: 50px; width: 100%;" type="text"/>

DEPARTMENT/LOCATION (Check ALL that apply)

<input type="checkbox"/> Riverside Traditional School	<input type="checkbox"/> Kings Ridge Preparatory Academy	<input type="checkbox"/> Business Services	<input type="checkbox"/> District Office	<input type="checkbox"/> Human Resources	<input type="checkbox"/> CNS
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Transportation	<input type="checkbox"/> Special Education	<input type="checkbox"/> Technology		

ASSIGNMENT GROUP

<input type="checkbox"/> Administrative/Director	<input type="checkbox"/> Certified	<input type="checkbox"/> Classified
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ASSIGNMENT TYPE

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Summer School	<input type="checkbox"/> Long Term Sub	<input type="checkbox"/> Other:	<input type="text"/>
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DATE:

SIGNATURE OF REQUESTOR _____

PLEASE DO NOT WRITE BELOW THE YELLOW SECTION

Certified Degree/Level:	<input type="text"/>	Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Annual Salary:	<input type="text"/>
Classified Level:	<input type="text"/>	Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Hours per Day:	<input type="text"/>
Hourly Rate:	<input type="text"/>	Type of Contract: <input type="text"/>					
Budget Code(s):		<input type="text"/>					

AUTHORIZATION SIGNATURES

Signature of Special Education Director (if applicable)	Date:	<input type="text"/>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments:				
Signature of Director of Business Services	Date:	<input type="text"/>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments:				
Signature of Associate Superintendent or Superintendent	Date:	<input type="text"/>	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments:				