

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA  
EMPLOYEE ACTION FORM**

Submit all copies to the Human Resources Office

EMPLOYEE ID # \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_ CURRENT WORKSITE NAME/FACILITY # \_\_\_\_\_

**NAME CHANGE REQUESTED**

FROM: NAME\*: \_\_\_\_\_ TO: NAME\*: \_\_\_\_\_

\*Name changes must be completed in Human Resources. Original social security card and, if applicable, a teacher's certificate reflecting the new name are required.

**TRANSFER / SALARY UPGRADE / BUDGET AND/OR POSITION CORRECTION (Justification attached)**

<b>FROM:</b> WORKSITE _____ POSITION # _____ SUBGROUP # _____ POSITION NAME _____ PAY TYPE _____ # OF CHECKS _____ CONTRACT _____ NUMBER OF WORK DAYS _____ HRS/DAY _____ PAY LEVEL _____ SLOT # _____ YEARS OF VERIFIED EXPERIENCE _____ SALARY OR HOURLY RATE \$ _____	<b>TO:</b> WORKSITE _____ POSITION # _____ SUBGROUP # _____ POSITION NAME _____ COURSE CODE #(S) _____ PAY TYPE _____ # OF CHECKS _____ CONTRACT _____ NUMBER OF WORK DAYS _____ HRS/DAY _____ PAY LEVEL _____ SLOT # _____ YEARS OF VERIFIED EXPERIENCE _____ SALARY OR HOURLY RATE \$ _____
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(The following area must be completed for School Board agenda reporting)

**REASON FOR TRANSFER:** \_\_\_\_\_ NEW ALLOCATION or REPLACEMENT FOR: \_\_\_\_\_ EXIT DATE: \_\_\_\_\_

DATE VACANCY ADVERTISED: \_\_\_\_\_

**SALARY DISTRIBUTION: (This section must be completed in order to charge position correctly and to process Action Form)**

FY (2)	FUND (3)	CENTER (4)	PROJECT (7)	FUNCTION (4)	OBJECT (4)	PRG (3)	S (1)	%

Special Funding Administrative Signature: \_\_\_\_\_  
(Must have appropriate signature for special funding of position)

**STATUS:** (Attach all appropriate letters, administrative memos, other appropriate documentation pertaining to this transaction)

END PROBATION   
  BENEFITS ONLY   
  TERMINATION   
  RESIGNATION   
  RETIREMENT   
 SICK LEAVE BALANCE REQUESTED \_\_\_Yes\_\_\_No

**TO BE COMPLETED FOR ALL SECTIONS:**

EFFECTIVE DATE FOR ABOVE ACTION \_\_\_\_\_ LAST DATE REPORTED FOR PAY PURPOSES \_\_\_\_\_

_____ EMPLOYEE SIGNATURE	_____ DATE	_____ PRINCIPAL/SUPERVISOR/DEPARTMENT HEAD	_____ DATE
		_____ PRINCIPAL/SUPERVISOR/DEPARTMENT HEAD	_____ DATE

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY:**

EMPLOYMENT DATE \_\_\_\_\_ W-4 \_\_\_\_\_ HR RECORDS \_\_\_\_\_ BOARD AGENDA DATE \_\_\_\_\_  
**SICK LEAVE:**  
 EARNED \_\_\_\_\_ AVAIL \_\_\_\_\_ DATE EARNINGS BEGIN \_\_\_\_\_ DATE ADVANCE CREDITED \_\_\_\_\_  
**VACATION:**  
 EARNED \_\_\_\_\_ AVAIL \_\_\_\_\_ DATE EARNINGS BEGIN \_\_\_\_\_ RETIREMENT SPECIALIST \_\_\_\_\_

**ALLOCATION / PAY LEVEL VERIFICATION:** \_\_\_\_\_

ROUTE: (DATE AND INITIAL)	SUPERVISOR – HUMAN RESOURCES DEPARTMENT					DATE
POSITION CONTROL: _____	FACILITY	POSITION NUMBER	SUB GROUP	START	ENDING	REASON
SENT TO FINANCE: _____						
SENT TO INSURANCE: _____						