Hernando County School District
Personnel Action Form (PAF)

Employee Name:_____Employee ID#: _____

Location (Site):_____Effective Date(s): _____

Position _____ Beginning of Day _____ End of Day_____

TRANSFER

From Position_____	**To Position**_____
Location_____	**Location**_____
Days_____ **Hours**_____	**Days**_____ **Hours**_____
Account No._____	**Account No.**_____
	Replacing_____

Instructional Only: Course Code No._____ **Grade Level(s) Being Taught**_____

ADULT EDUCATION INSTRUCTOR

Account No._____ **Assignment**_____

Location_____ **Non-Degreed Adult Ed Instructor**_____

ADVANCED DEGREE

Professional/Technical_____ **AA** _____ **BA** _____ **Masters** _____ **Specialist** _____ **Doctorates**_____

HERNANDO eSCHOOL
Account No._____ **Course Code** _____ **Title**_____

IN-DISTRICT TRAINER
Account Charged_____ **Title of Training**_____ **Total Hours**_____

PAYROLL DEDUCTIONS/DROP THE FOLLOWING:
Dues for_____ **Credit Union Deductions**_____

Annuity_____ **Or** _____

RETURN FROM LEAVE
Return from Extended Leave_____   **Return from FMLA Leave**_____

SUSPENSION
Without Pay by Board_____ **Without Pay as Discipline**_____ **No. of days**_____

TERMINATION
Abandoned Position_____ **Certification**_____ **Non-Reappointment**_____

Performance_____ **Within Probation Period**_____ **Terminated by Board**_____

_____   _____
Current Site Administrator's Signature   Date   Receiving Site Administrator's Signature   Date

_____   _____
Project Director's Signature   Date   Employee's Signature   Date

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POSITION CONTROL APPROVAL _____ **DATE** _____

Account No._____ **Skyward Assignment**_____

HCSD/ HR Director_____ **Processed by HR**_____ **Board Date** _____ **Processed by Payroll**_____

Form – HR 033