**RAMAH NAVAJO SCHOOL BOARD, INC.**

**PERSONNEL ACTION FORM**

This form is to be used at any time a program supervisor requests any type of personnel action for an individual either as a regular or temporary employee. The Human Resource Department will not process an employment notice for an employee without this form being properly completed. After appropriate approvals have been obtained, this form shall be forwarded to the Human Resource Department. This form will be placed in the employee's official personnel file.

**Pursuant to RNSB Personnel Policy Manual Section 501:5 Privacy and Confidentiality of RNSB and Client Records and Information**. RNSB recognizes the importance of organization and client privacy and the sensitivity of information concerning RNSB and any individual. All RNSB employees are required to comply with RNSB’s confidentially policy and the Privacy Act of 1974, 5 U.S.C. § 552a, Public Law No. 93-579, to safeguard any information that comes to them in the form of written documents as well as through discussions or any other means that pertain to the privacy of RNSB and others. All employees are required to sign a Confidentiality Statement Form which will become a part of their official personnel file. Improper access to or disclosure of such information through person, computer or other written documents or otherwise is subject to disciplinary action up to and including dismissal from employment.

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| 1. **REQUESTING DEPARTMENT:** *COMPLETE SECTION 1 ONLY*

***(PLEASE DO NOT PUT AN EMPLOYEE TO WORK UNTIL THE BACKGROUND CLEARANCE IS COMPLETED AND APPROVAL IS GIVEN BY THE EXECUTIVE DIRECTOR OR SUPERINTENDENT****)* |
| EMPLOYEE/APPLICANT NAME: | POSITION TITLE: |
| DEPARTMENT: | DIVISION: |
| ACCOUNT NUMBER(S) & Percentage(s) and hours worked per program:  |
| **Please Select Box:** [ ]  New Hire [ ]  Regular Full Time [ ]  Regular Part Time [ ]  Temporary [x]  Employee Status Changes Only |
| Start Date (MM/DD/YY): | End Date (MM/DD/YY): |
| **Explanation of Work/Changes:** |
| **IMMEDIATE SUPERVISOR/PROGRAM DIRECTOR SIGNATURE**  |  **DATE**  | **DIVISION DIRECTOR SIGNATURE**  | **DATE** |
| **2. HUMAN RESOURCE SECTION:** *FOR HUMAN RESOURCE USE ONLY* |
| **BACKGROUND CHECK RESULTS:** | **SALARY INFORMATION:** |
| COMPLETED DATE | Local:  | PAY LEVEL:  [ ]  NON EXEMPT [ ]  EXEMPT  | [ ]  HOURLY RATE $\_\_\_\_\_\_\_\_\_\_ [ ]  ANNUM: $\_ \_\_\_\_\_\_ [ ]  STIPEND : $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State:  |
| Federal:  |
|  [ ]  FAVORABLE [ ]  UNFAVORABLE | VERIFIED BY: |
| VERIFIED BY: | **Drug Screening:** [ ] Scheduled [ ]  Completed |

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| **3. FINANCE SECTION:** *FOR FINANCE USE ONLY* |
| 1. **Funding Source: (PLEASE CHECK BOX)**

[ ]  BIA [ ]  BIA/BOB [ ]  BIE [ ]  IDC [ ]  IHS [ ]  ISEP [ ]  Head Start[ ]  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. FUNDING : [ ]  AVAILABLE [ ]  UNAVAILABLE
2. Listed position on Budget allocation (Including Fringe): 🞏 YES 🞏 NO

**(Attach budget print out)**VERIFIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_  |
| * + 1. **HR Director Approval:**
 | **HUMAN RESOURCE DIRECTOR SIGNATURE**  | **DATE** |

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| **5. OFFICIAL APPROVAL:**  |
| **EXECUTIVE DIRECTOR / SUPERINTENDENT**  | **DATE** |

**Sent to Payroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVISED: 07/22/2021**