

Webster County Schools
Personnel Action Form

School /Department: _____ Date: _____

Applicant/Employee's Name: _____ Grade/Subject: _____

Title or Position: _____ New Position: _____yes _____no

Full-Time: _____ Part-Time: _____ Temporary: _____ Summer worker: _____

Action: _____ Hiring Recommendation _____ Transfer
_____ Dismissal _____ Leave of absence
_____ Resignation _____ Other : _____

Reason for action if dismissal: _____

Employment begin/return date: _____ End service date: _____

Contract Days (certified) _____ Number of Days (non-certified) _____

Licensed Employee Information:

Instructional Area(s) for which being recommended: _____

License # _____ Expiration Date _____ Years Teaching Experience _____

Applicant has provided the following with their application:

- _____ 3 Completed Reference Forms
- _____ Additional Contacts
- _____ Background Permission Form
- _____ Transcript (if Applicable)
- _____ Valid Mississippi Educator License (if applicable)
- _____ Praxis Scores (if Applicable)

If recommending an assistant teacher, which of the following were provided:

_____ Proof of Passing Work Keys Test _____ Proof of Completion of 36 or More College Hours

Salary:

_____ Based on appropriate dist classified pay scale _____ Based on teacher pay scale plus dist supplement

_____ Other: _____ Pro-rated _____yes _____no

Respectfully Submitted by: _____ Date: _____

Administrator _____ Department Head _____ Location: _____

Please make a copy for your records prior to submitting to Superintendent's office/School Board.