



CAPE GIRARDEAU
PUBLIC SCHOOLS

Personnel Action Form Contract / Work Agreement

Complete form and submit to Human Resources.

Employee Name: _____ Effective Date: _____

Employee Status: ____ Certified ____ Classified Effective School Year: _____

Current Position: _____ Job #: _____ Building / Location: _____

____ **REASSIGNMENT** *District-initiated movement of an employee from one position or building to another.*

To / Position: _____ Building / Location: _____ Job #: _____

Job #: _____ Existing Position / Replacing: _____

____ New Position / Paperwork Completed? _____

____ **TRANSFER** *Movement from one position or building to another at the request of the employee.*

To / Position: _____ Building / Location: _____ Job #: _____

Job #: _____ Existing Position / Replacing: _____

____ New Position / Paperwork Completed? _____

____ **CHANGE** *Update current primary position in hours or days.*

Reason for change: _____

____ Increase From Days/Hours: _____

To Days/Hours: _____

____ Decrease From Days/Hours: _____

To Days/Hours: _____

Notes: _____

Authorized Signatures:

Supervisor / Principal

Date

Budget Administrator

Date

Human Resources Coordinator

Date

Federal Programs Coordinator

Date

This section is to be completed by Human Resources.

SISFIN Data Entry Completed By

Date

SISFIN Data Entry Verification

Date