



Weatherford Independent School District

Request for Employment Action Form

Effective Date: _____

Employee Name: (as it appears on the Social Security Card)		
Last	First	MI
Street	City/State	Zip
Phone- Home:	Cell:	

Type of Action:

<input type="checkbox"/> Recommendation to hire - <i>indicate if the positions is a</i>		<input type="checkbox"/> Replacement Position or <input type="checkbox"/> New Position Allocation	
<input type="checkbox"/> Reassignment <input type="checkbox"/> Transfer	<input type="checkbox"/> Termination <input type="checkbox"/> Other (describe)	<input type="checkbox"/> Compensation Change	<input type="checkbox"/> Job Reclassification

Position Information:	Provide information in this column for an <i>Existing Position</i>	Provide information in this column for an approved <i>New Position Only</i>
Job Title / Assignment- #1		
Job Title / Assignment- #2		
Position Replaced:		
Name of person being replaced		
Position of person being replaced		
<i>Instructional Staff Only</i>	<input type="checkbox"/> Certified <input type="checkbox"/> Teacher of Record <input type="checkbox"/> Highly Qualified	<input type="checkbox"/> Certified <input type="checkbox"/> Teacher of Record <input type="checkbox"/> Highly Qualified
Campus / Department		
Reference Information: (for employees new to the district please attach the district reference form)		

* * * * All information below this line is for the HR use only * * * *							
New Assignment:				Contract Days:		SS #:	
Yrs. Exp:		Pay Grade		Start Date:		End Date:	
Hourly Rate:		Daily Rate:		1 st Pay Date:		<input type="checkbox"/> Exempt or <input type="checkbox"/> Nonexempt	
Previous Assignment:				Contract Days:		SS #:	
Yrs. Exp:		Pay Grade		Start Date:		End Date:	
Hourly Rate:		Daily Rate:					
* * * * All information below this line for Accounting use only * * * *							
New Assignment:		Budget Code:				%	
		Budget Code:				%	
Prev. Assignment:		Budget Code:				%	
		Budget Code:				%	

Approval Signatures and Data Entry Verification: Once employee data has been verified, approved, and changes have been made in Skyward return the signed original to the HR office. Copies of this form may be made for department files as needed.

Supervisor (current):	Date:	Asst. Sup. Bus.:	Date:
Supervisor (new)	Date:	Fed Prog. Coord.:	Date:
HR Dir.:	Date:	Accounting:	Date:
Superintendent:	Date:	Payroll:	Date: