



Personnel Action Request

Absence Job Number:
(Professional Day(s) / LOA)

Date: _____ Social Security Number (Last five digits): X X X - X - _____

Employee Name: _____
Last First Middle

Position Title: _____ School / Dept: _____

If Teacher, Grade and/or Subject: _____

☐ Classified ☐ Certified ☐ Administration ☐ Other: _____

REQUEST FOR

☐ Leave of Absence (LOA) ☐ Professional Day(s) ☐ Resignation ☐ Return from LOA ☐ Termination
☐ Position Change ☐ New Hire ☐ Retirement ☐ Supplemental / Addendum ☐ Other: _____

REQUEST FOR TRAVEL

CHECK MODE OF TRANSPORTATION – CHECK ALL THAT APPLY: ☐ Personal Car ☐ District Vehicle ☐ Rental Car ☐ Air

Estimated Cost of Travel – Itemize Each Category Below:

Registration Fee: \$ _____ Transportation: \$ _____ Substitute (\$120/day) \$ _____
Lodging: \$ _____ Meals: \$ _____

Total Estimate: \$ _____ Dollar Amount Approved: \$ _____
(Superintendent completes the dollar amount approved)

Superintendent Approval: _____ Date Approved: _____
(Superintendent Signature)

DETAILS OF REQUEST: *Specify in detail the reason(s) for the request. If requesting travel, the PAR must be submitted at least four weeks in advance • Failure to submit this request in time may result in disapproval • All conference requests must have attached conference information (info. on registration, host hotel, etc.) • All requests for airline travel must include attachment of a price quote.*

Date(s) of Absence: _____

Substitute Required? ☐ Yes ☐ No

Person Originating Request Signature: _____

HUMAN RESOURCES DEPARTMENT USE ONLY*: VISIONS Item: ☐ Yes ☐ No Date Entered into VISIONS: _____

Date Received: _____ Board Item: ☐ Yes ☐ No Board Meeting Date: _____

Effective Starting Date of Employment: _____ Employee to Receive: ☐ State Retirement ☐ Insurance ☐ Sick Leave ☐ Vacation

Degrees / Certificates: _____ Hours / Week: _____ Column: _____ Step: _____

Term of Contract: _____ Salary: _____ Replacing (if applicable): _____

*(Supervisor recommending hire should complete this section)

Funding Code(s) and Percent(s):				
Approved		Signature	Date	Remarks
Yes	No			
		Principal / Dept. Head		
		District Administrator Signature (for coding)		
		Human Resources		
		Business Office		Time Trak
		Payroll Office		