

MALDEN PUBLIC SCHOOLS PERSONNEL CHANGE FORM

TODAY'S DATE _____

ACTION EFFECTIVE DATE _____

EMPLOYEE NAME _____ EMP # _____ SCHOOL _____

REASON FOR ACTION

Letter of intention and/or supporting legal documentation (i.e., name change) is required for any of the following actions:

- | | | | |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Resignation | <input type="checkbox"/> Termination | <input type="checkbox"/> New Position |
| <input type="checkbox"/> Leave of Absence _____ | <i>Please list type of Leave</i> | | <i>Date Leave Begins</i> _____ |
| | | | <i>Date Returned From Leave</i> _____ |
| <input type="checkbox"/> Position Change | <input type="checkbox"/> Salary Adjustment | <input type="checkbox"/> Transfer | <input type="checkbox"/> Other |

NEW POSITION TITLE: _____ PERSON REPLACING (IF APPLICABLE) _____

(Please fill in only those lines being changed and check box when change has been made)

- | | | |
|---|-----------------------|-----------------------------------|
| <input type="checkbox"/> NAME CHANGE | From: _____ | To: _____ |
| <input type="checkbox"/> ADDRESS CHANGE | Street: _____ | |
| | City: _____ | State: _____ Zip: _____ |
| <input type="checkbox"/> PHONE CHANGE | _____ - _____ - _____ | CELL: _____ - _____ - _____ |
| <input type="checkbox"/> SCHOOL | From: _____ | To: _____ |
| <input type="checkbox"/> POSITION | From: _____ | To: _____ |
| <input type="checkbox"/> ACCOUNT | From: _____ | To: _____ |
| <input type="checkbox"/> GRANT | (1) ACCT # _____ | (2) ACCT # _____ (3) ACCT # _____ |
| | \$ _____ | \$ _____ \$ _____ |
| <input type="checkbox"/> FTE % | From: _____ | To: _____ |
| <input type="checkbox"/> DAYS PER WEEK | From: _____ | To: _____ |
| <input type="checkbox"/> HOURS PER DAY | From: _____ | To: _____ |

EXPLANATION:

For Central Office Use Only:

- | | | |
|---|-------------|-----------|
| <input type="checkbox"/> STEP / GRADE / LEVEL | From: _____ | To: _____ |
| <input type="checkbox"/> BASE SALARY | From: _____ | To: _____ |

 Supervisor/Designee/Signature _____ Date _____