

***Española Public Schools***  
**PERSONNEL ACTION FORM**

The below listed personnel action is subject to the terms and conditions of the applicable employment agreement. However, under no circumstances shall the below listed personnel action extend beyond the current school year. All of the below information is subject to verification and in the event of an error or incorrect computation, the School District reserves the right to make appropriate adjustments after consultation with the employee. **Please complete form prior to commencement of work.** Services rendered without an approved PAF will not be paid. This personnel action is for additional duties beyond the Employee's primary contract and will generate a new at-will employment agreement for those additional duties (i.e. coaching, sponsor and other extra-curricular assignments).

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Site: \_\_\_\_\_

Description of Services:

Start/End Date: \_\_\_\_\_ # of Hours: \_\_\_\_\_ # of Days: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_  Hourly/  Daily/  Stipend (Select One) Not to Exceed: \_\_\_\_\_

Account: \_\_\_\_\_ Line Item Number: \_\_\_\_\_

Payment Requirements: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Site Review & Approval: (Administrator/Principal)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Special Program Review & Approval:**

Federal Programs /  Special Education /  Athletics /  Other: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Finance Review & Approval:**

Budget Available:  Yes /  No

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Approval:**

\_\_\_\_\_ Date: \_\_\_\_\_

Superintendent/ Assistant Superintendent or Designee

Original: Payroll

XC: Employee/ Department/ School Copy

**ALL SIGNATURES ARE REQUIRED**