DEDCONINEL ACTION DECLIEST

Email Address:	Employee Name:	Job Ti	tle:
Name of Supervisor:         NEW         Requested Start Date:			
NEW         Requested Start Date:         Full-Time       Part-Time       On-Call       Regular       Temporary (3 Month Maximum)         tours/Week or FTE:       Rate of Pay:       Houriy       Biweekly*       Ending Date (if applicable):         comments:       *Biweekly salary is paid only under specific terms. Must be pre-approved through HR/OE before offering to candidate         CHANGE       ADDITIONAL ASSIGNMENT         Stetevekly       Salary is paid only under specific terms. Must be pre-approved through HR/OE before offering to candidate         CHANGE       ADDITIONAL ASSIGNMENT         Stetevekly       New Work Location:       New Job Title:         New Hours/Week or FTE:       New Rate of Pay:       Name of Supervisor:			
tequested Start Date:			
Full-Time       Part-Time       On-Call       Regular       Temporary (3 Month Maximum)         dours/Week or FTE:       Rate of Pay:       Hourly       Biweekly*       Ending Date (if applicable):         *Biweekly salary is paid only under specific terms. Must be pre-approved through HR/OE before offering to candidate         CHANGE       ADDITIONAL ASSIGNMENT         iffective Date:       New Work Location:       New Job Title:         iffective Date:       New Work Location:       New Job Title:         iffective Date:       New Rate of Pay:       Name of Supervisor:         iffective Date:       Part-Time       Regular       On-Call       Temporary: (Ending Date:         istus Change:       Full-Time       Part-Time       Regular       On-Call       Temporary: (Ending Date:         ictro       PFMLA       Other:       Comments:       Com	equested Start Date:		
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New Hours/Week or FTE:       New Rate of Pay:       Name of Supervisor:         Status Change:       Full-Time       Part-Time       Regular       On-Call       Temporary: (Ending Date:         Status Change:       FMLA       Other:			
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omments:     TERMINATION     SETTLEMENT     Resignation (attach letter)     Reduction-In-Force     Dismissal     Retirement     Vacation Cash Out     Other:     Termination Effective Date:     omments:     In addition to the wages, there are other employment expenses. HR assumes no responsibility for budget calculations.     nitiating Supervisor:   (genature)     (print)     Date:     (print)        BE COMPLETED BY HUMAN RESOURCES OR OFFICE OF EDUCATION:     Sick Bank   Sick Vacation Accrual     Retirement     Medical     HCAP     Auto Subsidy	-		
Resignation (attach letter) Reduction-In-Force Dismissal Retirement Vacation Cash Out   Other:	Comments:		
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Comments:   In addition to the wages, there are other employment expenses. HR assumes no responsibility for budget calculations. initiating Supervisor:   (gignature)      Date: Date:   (Print)   Date:    Date:   Date:    (Print)   Date:    Date:   Date:    Date:   Date:    (Signature)   Date:    Date:   Date:			
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nitiating Supervisor: Date:		,	
nitiating Supervisor: Date:   (Signature) (Print)   Department Head:   (Signature) Date:   Date:   (Print)   Date:   (Print)   Date:   (Print)   Date:   (Print)   Date:   (Signature)   Date:   (Signature)   Date:   (Print)   Date:   (Print)   Date:   (Signature)   Date:   (Signature)   Date:   (Print)   Date:   (Signature)   Date:   (Print)   Date:   (Signature)   Date:   (Print)   Date:   (Signature)   Date:   (Print)   Date:   (Signature)   Date:	Other:	, Termination	n Effective Date:
Department Head:	Other:	, Termination	n Effective Date:
(Signature) (Print)          BE COMPLETED BY HUMAN RESOURCES OR OFFICE OF EDUCATION:         Sick Bank       Sick/Vacation Accrual         Retirement       Medical         HCAP       Auto Subsidy         Cell Phone       LTE         Remuneration:       Cost Area:         Travel:       Charge to:	Other:Comments:In addi	, Termination	IR assumes no responsibility for budget calculations.
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