SCOTLAND COUNTY SCHOOLS
EMPLOYEE ACTION FORM

Effective Start Date:_____Position Number:_____

EMPLOYEE INFORMATION

☐ New Hire ☐ Previous Employee ☐ Certified ☐ Classified ☐ Previously Retired

Employee Name:_____Phone Number:_____ SSN:_____

Location:_____ Title:_____ Grade Level/Subject:_____

Employee Status: ☐ Full-Time Perm ☐ Full-Time Temp ☐ Part-Time Perm ☐ Part-Time Temp

Months Employed: ☐ 10 ☐ 10.5 ☐ 11 ☐ 12

Employee Replacing:_____

Salary Grade:_____ Step:_____ Percentage Employed:_____ Health Benefits: ☐ Yes ☐ No

Budget Code:_____

EMPLOYEE TRANSFER

From: _____ _____
Position Location

To: _____ _____
Position Location

EMPLOYEE SEPARATION

☐ Resignation ☐ Retiring ☐ Dismissed ☐ Temporary Contract Ending ☐ Non-Renewed Contract

Effective End Date:_____

HR USE ONLY

Background Check completed on: _____ Drug Screening Completed on:_____

BT Status ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ BT Teacher Program Completed

Comments:

_____ _____
Principal/Supervisor Signature Date

_____ _____
Human Resources Signature Date