



PERSONNEL ACTION FORM

Lakeland Central School District



Applicant Information (Leave Blank if Candidate Not Identified):

Last Name:	First Name:	SSID:	DOB:
Address:	City/State:	ZIP:	Phone:

Position Requested (Check One):

Certified (LFT) Subject/Grade:
 Administrator (ALAC)
 Non-Represented Administrative

CSEA: Aide Clerical/Typist Custodial/Maintenance Bus Driver Food Services Monitor Other

Position Information (Primary Appointment):	Co-Curricular or Interscholastic Athletics:
JOB/TITLE: _____ LOCATION 1: _____ % _____ LOCATION 2: _____ % _____ <input type="checkbox"/> Full-time (F/T) FTE: _____ Hours: _____ <input type="checkbox"/> Part-time (P/T) FTE: _____ Hours: _____ <input type="checkbox"/> Temporary Leave Replacement (Temp) FTE: _____ DATES: From: _____ To: _____	SCHOOL/PROGRAM: _____ <input type="checkbox"/> High School Co-Curricular Activity: _____ <input type="checkbox"/> Middle School Co-Curricular Activity: _____ <input type="checkbox"/> Elementary School Co-Curricular Activity: _____ <input type="checkbox"/> Interscholastic Athletics (B-F): _____ <input type="checkbox"/> Interscholastic Athletics (G-W): _____ <input type="checkbox"/> Other: _____
EFFECTIVE DATE OF ACTION: _____	Co-Curricular Payment: \$ _____

Vacancy Reason (Check One):

New Budgeted Position Resignation Retirement Termination Leave of Absence Transfer

Replacement For: _____	ACCOUNT CODE	DISTRIBUTION
Important Note to HR Staff and School Administrators: No candidate for a district position should begin employment before all required applications are completed and all of the necessary verifications are conducted and authorizations secured by the Department of Human Resources.	_____	% of pay _____
	_____	% of pay _____

COMMENTS: _____

DEPARTMENT OF HUMAN RESOURCES USE ONLY

Certification Type: _____ Certification Subject: _____ Certification Level: _____ Expiration Date: _____ BOE Agenda Date: _____	Job Code: _____ Bargaining Unit: _____ Finance Manager Employee ID # _____ Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No Waiver Amount: \$ _____	Degree Level: _____ Step: _____ Salary: _____ Per: _____ Pays: <input type="checkbox"/> 20 <input type="checkbox"/> 24 Prior Years Experience Granted: _____ <input type="checkbox"/> TRS <input type="checkbox"/> ERS ID#: _____
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Authorization/Verification Steps:

(1) Principal and/or Department Head Authorization _____	Date _____	(4) Benefits/Systems Processor Input _____	Date _____
(2) Personnel Clerk Verification #1 _____	Date _____	(5) Personnel Clerk Verification #2 _____	Date _____
(3) Assistant Superintendent for Human Resources Authorization _____	Date _____	(6) Payroll Verification _____	Date _____

- Completed Application
 Employment References (minimum of 3, including 2 supervisory)
 College Transcripts
 Administrator Recommendation Memo
 Valid NYSED Certification
 Fingerprints