



Washington County School Board CHANGE OF PERSONNEL STATUS

Specific Change Requested (Please check)
<input type="checkbox"/> Name Change
<input type="checkbox"/> Address Change
<input type="checkbox"/> Salary Change
<input type="checkbox"/> Termination Notice

THIS FORM MUST BE SUBMITTED TO THE COUNTY OFFICE
WITHIN FIVE (5) DAYS OF ANY ACTION

_____ Date

Name of Record: _____

Employee ID: _____

Name Change: _____

Address On Record (Old)

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Address Change (New)

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Telephone Change
(If Applicable):

Fund	Function	Object	Project	Program	Amount

Salary Change: Present: _____ To: _____ Effective Date: _____

Change Of Position: Present: _____ To: _____ Effective Date: _____

Reason For Change:

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Termination - Name of Employee: _____

Effective Date of Termination: _____

Job Code Number: _____

Reason for Termination:

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Forwarding Address:

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School Name: _____

Prepared By: _____