

# Hermosa Beach City School District ASSIGNMENT FORM

REQUEST FOR NEW PERSONNEL  
 REHIRE

CLASSIFIED  
 CERTIFICATED

*School/Dept. to complete top portion and send to the Superintendent's Office for approval/posting.*

School/Dept: \_\_\_\_\_

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

Prog/Acct. Code: \_\_\_\_\_

Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_  10 month  11 month  12 month

Hrs Per Day: \_\_\_\_\_ Days Per Wk: \_\_\_\_\_ Work Hrs: \_\_\_\_\_ to \_\_\_\_\_

Grade Level: \_\_\_\_\_ Subjects Taught (if grades 6 – 8): \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Superintendent's Signature Date

**PERSONNEL USE ONLY**

Employee Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ First Date of Employment: \_\_\_\_\_

Full Time:  Part-Time:  Substitute:  Temporary:  Other:

Class/Range: \_\_\_\_\_ Step: \_\_\_\_\_ Rate: \_\_\_\_\_

Former Position (if applicable): \_\_\_\_\_

Remarks: \_\_\_\_\_

Association (HBEA): Yes  No

Mandatory Retirement: STRS  PERS

Previous Retirement:

Current: STRS  PERS

Previous: STRS  PERS

Funds Withdrawn? Yes  No

Last County of Service: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature Date

Distribution: White–Personnel Yellow–School Office

## Hermosa Beach City School District EMPLOYEE ACTION REPORT

CLASSIFIED  
 CERTIFICATED

Employee Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
 Position: \_\_\_\_\_ Location: \_\_\_\_\_  
 Program / Account Code: \_\_\_\_\_  
 Effective Date of Change: \_\_\_\_\_

ACTION	FROM	TO
Name Change		
Address Change		
Telephone Change		
Increase/Decrease in Hours*		

\* Reason: \_\_\_\_\_

RECLASSIFICATION     
  OUT-OF-CLASS     
  2<sup>ND</sup> ASSIGNMENT

FROM	TO
Position	
Location	
Assigned Hours	
Account Code	
Class/Range	
Step	
Pay Rate	

\_\_\_\_\_ Date

\_\_\_\_\_ Authorized Signature

# Hermosa Beach City School District

## ABSENCE REPORT FORM

Employee Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Month/Year: \_\_\_\_\_

<u>Date(s) Absent</u>	<u>Full Day</u>	<u>Total Hours</u>	<u>Absence Code</u>	<u>Sub</u>	<u>Reason/Remarks (if necessary)</u>

**ABSENCE CODES**

- SL - Sick Leave
- PL - Personal Leave (2 days, no reason)
- PN - Personal Necessity Leave (reason)
- V - Vacation
- B - Bereavement Leave
- WC - Injured on the Job
- CT - Court/Jury Duty
- NEG - Negotiations
- SB - School Business
- O - Option Holiday
- X - Other (explain in detail)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

**BUSINESS OFFICE USE ONLY**

	Sick Leave	Personal Leave	Personal Necessity	Vacation
Accumulated Days:	_____	_____	_____	_____
Days This Claim:	_____	_____	_____	_____
Balance:	_____	_____	_____	_____

Distribution: White – Business Office    Yellow – Employee

**Hermosa Beach City School District  
SEPARATION FORM**

*School/Department to complete entire form and send to the Superintendent's Office.*

LEAVE OF ABSENCE  
 RESIGNATION  
 RETIREMENT  
 TERMINATION

CLASSIFIED  
 CERTIFICATED

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

Social Security No.: \_\_\_\_\_

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

Account Code: \_\_\_\_\_

Location: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Manager

Action Taken:  Approved  
 Denied

Board Meeting Date: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent