

**Tattnall County Board of Education**  
**Notification of Personnel/Payroll Actions**

Name of Employee: \_\_\_\_\_ Date of Request: \_\_\_\_\_

School: \_\_\_\_\_

Type of Action:

New Hire \_\_\_\_\_ Effective Date \_\_\_\_\_ Position \_\_\_\_\_

Replacing \_\_\_\_\_

Retirement \_\_\_\_\_ Effective Date \_\_\_\_\_

Resignation \_\_\_\_\_ Effective Date \_\_\_\_\_

Reason \_\_\_\_\_

(Please attach original copy of letter of resignation if one was submitted)

Termination \_\_\_\_\_ Effective Date \_\_\_\_\_

Reason \_\_\_\_\_

Transfer from school \_\_\_\_\_ to school \_\_\_\_\_

Transfer from program \_\_\_\_\_ to program \_\_\_\_\_

Transfer from \_\_\_\_\_ to \_\_\_\_\_ Effective \_\_\_\_\_

Job Title

Job Title

Increase salary from \_\_\_\_\_ to \_\_\_\_\_ Effective \_\_\_\_\_

Reason \_\_\_\_\_

Pay for \_\_\_\_\_ hours for \_\_\_\_\_

(Please attach copy of sign in sheets to substantiate hours worked)

**Certified Only**

Amend contract to show extended day \_\_\_\_\_ or extended year \_\_\_\_\_. Effective \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Original: County Office

Copy: School Personnel File