

# PERSONNEL ACTION FORM

INSTRUCTIONS: Must be completed for each educator hired, transferred, on leave of absence, returning from leave of absence, terminated, or changing major teaching assignment. **\*\* - Required fields – please fill in.**

SEND OR FAX TO: If you have any questions, please call **Lisa Landenberger** 271-2409, Email [l landenberger@ed.state.nh.us](mailto:l landenberger@ed.state.nh.us), or Louise Miller, 271-0052, Email [lmiller@ed.state.nh.us](mailto:lmiller@ed.state.nh.us). Mail to Bureau of Credentialing, 101 Pleasant St., Concord, NH 03301-3860, or FAX to **271-4134**.

**IF YOU ARE HIRING A NON-CERTIFIED CANDIDATE, WHEN FILLING OUT THE PERSONNEL ACTION FORM BE SURE TO ALSO FILL OUT AN IN PROCESS OF CERTIFICATION (IPC) FORM OR THEY MAY NOT BE PROCESSED BY THE BUREAU OF CREDENTIALING. PLEASE CONTACT LOUISE MILLER AT 271-0052, EMAIL [LMILLER@ED.STATE.NH.US](mailto:LMILLER@ED.STATE.NH.US).**

## FOR BUREAU OF CREDENTIALING USE ONLY

PAF submitted

IPC submitted

PLEASE PRINT OR TYPE:

**\*\* TEACHER #** \_\_\_\_\_ (optional) **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**\*\* NAME:** \_\_\_\_\_ **\*\*DATE OF BIRTH** \_\_\_\_\_  
*Last First MI*

*(Fill in only the section below which applies)*

### NEW EMPLOYEES

**\*\* Hire Date:** \_\_\_\_|\_\_\_\_|\_\_\_\_

**\*\* School Number:** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_ **School Name:** \_\_\_\_\_

**\*\* Major Assignment:** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_ **Description:** \_\_\_\_\_

### TRANSFERS

**\*\* School Number:** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_ **School Name:** \_\_\_\_\_

**\*\* Major Assignment:** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_ **Description:** \_\_\_\_\_

**LEAVE OF ABSENCE (LOA)** **Start Date:** \_\_\_\_|\_\_\_\_|\_\_\_\_

**RETURN FROM LOA** **Return Date:** \_\_\_\_|\_\_\_\_|\_\_\_\_

**Major Assignment:** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_ **Description:** \_\_\_\_\_

### TERMINATIONS: (check one)

**\*\* Date of Original Hire:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Death \_\_\_\_\_ Retirement \_\_\_\_\_ Resignation \_\_\_\_\_ Other \_\_\_\_\_

**School Number:** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_

**Termination Date:** \_\_\_\_|\_\_\_\_|\_\_\_\_

### CHANGE OF MAJOR ASSIGNMENT ONLY

**\*\* - Major Assignment:** \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_ **Description:** \_\_\_\_\_

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature / Superintendent / Agency Head / or designee

\_\_\_\_\_  
Agency Name / SAU #