

Lexington Independent School District
Personnel Action Request

Type of Action			
New Hire	Position Transfer	Rehire	Effective Date:
Replacement For:			
Employee Information			
Name (Last, First):			
Degree:	BA MA Doctorate	Certification(s): _____ _____	
Position Information			
Position Title/Assignment:			FTE %:
Position Title/Assignment:			FTE %:
Campus/Department:			
<i>Instructional Staff Only:</i>		Teacher of Record	Certified for Position
Highly Qualified			
*Stipend:	Math	Science	Foreign Language
	ESL	SPED	AG
	Other:		
Extra Days:	Coach	Other: _____	Number of Extra Days:
Experience Credit	*Number of Years:	Type of Experience:	
	*Number of Years:	Type of Experience:	
Supervisor Signature:			Date:
Comments:			
<u>TO BE COMPLETED BY BUSINESS OFFICE:</u>			
Budget Code/FTE %:			
Budget Code/FTE %:			
<input type="checkbox"/> Grant Funded	Grant Name:		
Compensation	*Annual Salary:	*Hourly Salary Rate:	
*Stipend Amount:			
Payroll:			Date:
Business Manager:			Date:
Superintendent:			Date:
Data Entry/Verification			
Human Resources:			Date:

All information subject to verification by the business office. Please direct any questions to Kathy (x223) or Jennifer (x229).