

**HUNTINGTON BEACH CITY SCHOOL DISTRICT
CERTIFICATED EMPLOYEE ACTION REPORT**

**SEND COMPLETED FORMS TO HUMAN RESOURCES
HUMAN RESOURCES WILL SEND TO PAYROLL AND ACCOUNTING**

Employee Name: _____ EMPLOYEE ID# _____

Position: _____ Location: _____

Replacing: _____ Eff. Date of Change: _____

Remarks: _____

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

*Reason _____

	FROM	TO
Position		
Location		
Assigned Hours		
Account Code		
Column and Step		
Pay Rate		

HR2.0 Input: PCN _____ FTE: _____ HR: _____

Aesop: _____ Payroll: _____ Benefits: _____ Acctg.: _____

Date

Authorized Signature