



WEST LINN-WILSONVILLE SCHOOL DISTRICT  
 Department of Human Resources  
**INTENT TO HIRE - PERSONNEL ACTION NOTICE**

Name \_\_\_\_\_ Social Security No. / Employee No. \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**1. ACTION:**

<input type="checkbox"/> New Employee	<input type="checkbox"/> Current Employee
<input type="checkbox"/> Rehire	<input type="checkbox"/> Other

**2. FOR NEW EMPLOYEES ONLY:**

<input type="checkbox"/> Temporary	<input type="checkbox"/> Additional FTE authorized by Central Office
<input type="checkbox"/> Probationary	Name of Approver: _____
<input type="checkbox"/> Other	
<input type="checkbox"/> Replacement for: _____	Account Code: _____

**3. EMPLOYEE GROUP:**

<input type="checkbox"/> Classified	<input type="checkbox"/> Licensed
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**4. EFFECTIVE START DATE:** \_\_\_\_\_

**5. EFFECTIVE END DATE (if applicable):** \_\_\_\_\_

**6. STATUS:**

FTE:	_____
WORK YEAR: 10, 12 Month	_____
HOURS / DAYS:	_____
SCHOOL:	_____
START TIME / LUNCH BREAK / END TIME:	_____
SUPERVISOR:	_____
POSITION ASSIGNMENT:	_____
COLUMN MANAGEMENT:	_____

**7. SIGNATURES:**

Principal or Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_