

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:

New Employee	Current Employee
Rehire	Other

2. FOR NEW EMPLOYEES ONLY:

Temporary	Additional FTE authorized by Central Office
Probationary	Name of Approver:
Other	
Replacement for:	Account Code:

3. EMPLOYEE GROUP:

		Classified		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: