

PINELLAS COUNTY SCHOOLS  
**FOOD AND NUTRITION**  
**REQUEST FOR PERSONNEL ACTION**

**USE FOR CHANGE IN JOB TITLE, HOURS OR LOCATION ONLY.**

SCHOOL \_\_\_\_\_ Cost Center \_\_\_\_\_

OLD POSITION END DATE \_\_\_\_\_ NEW POSITION START DATE \_\_\_\_\_

**Directions:**

Complete Name and Social Security Number on all forms. Then complete **ONLY** items necessary to update file. Put **original information** on left and corresponding **new information** on right.

**FROM: Original Information**

**TO: New Information**

Name \_\_\_\_\_

Employee ID: \_\_\_\_\_

Job Title \_\_\_\_\_



\_\_\_\_\_

( ) REPLACES: \_\_\_\_\_ ( ) STAFF ADJUSTMENT  
(Person or Vacancy)

Hours \_\_\_\_\_



\* \_\_\_\_\_

Transfer \_\_\_\_\_ School



\_\_\_\_\_ School

Transfer Request on File ( ) Attached ( )

**\*BENEFIT ELIGIBILITY AFFECTED:** (Substitutes are not included in benefits)

**INITIAL BELOW IF APPLICABLE:**

( ) Retirement: afforded to all REGULAR Food and Nutrition Employees

\_\_\_\_\_ Employee is aware of loss of benefits.

( ) Sick Leave: eligibility requirement = 2 1/2 hours minimum per day

( ) Insurance: eligibility requirement = 6.0 hours minimum per day

\_\_\_\_\_ Employee understands additional hours are to work dinner program & will be removed if no longer working dinner.

EXPLANATION: (Required for any adjustments).

**SIGNATURES REQUIRED**

EMPLOYEE: \_\_\_\_\_  
(DATE)

PRINCIPAL: \_\_\_\_\_  
(DATE)

MANAGER: \_\_\_\_\_  
(DATE)

AREA COORDINATOR: \_\_\_\_\_  
(DATE)

DIRECTOR/  
ASST DIRECTOR: \_\_\_\_\_  
(DATE)

**DISTRIBUTION**

Please upload form to the HUB for Assistant Director review.