

LINCOLN COUNTY BOARD OF EDUCATION

10 Marland Avenue
Hamlin, West Virginia, 25523
304-824-3436

PERSONNEL ACTION

Name	Address	Home Phone
Employee Soc. Sec.	Position	Location

BY SUBMISSION OF THIS PERSONNEL ACTION FORM, I AM REQUESTING:
(Please circle one)

CT Certification Change _____ **Effective Date** _____
(from) (to)

RS Resignation _____
(Effective)

LWOP Leave Without Pay _____
(Length and Type of Leave)

RT Retirement _____
(Effective)

Extra Days of Employment

Reason _____

Dates _____

Funding Source _____

Employee's Signature

Approved by the Lincoln County Board of Education

I do hereby recommend the above action

Presiding Officer's Signature **Date**

Superintendent's Signature **Date**