



L. I. Head Start Child Development Services, Inc.

**SUBSTITUTE/TEMPORARY**  
**PERSONNEL ACTION NOTICE**

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
Tel. ( ) \_\_\_\_\_

**CLASSIFICATION**

Substitute:  F/T  P/T  
Temporary:  F/T  P/T

On Leave  Resigned/Terminated

Substituting Employee: \_\_\_\_\_  
OR  
New Position Vacancy: \_\_\_\_\_

Expansion  QIP  Other

**CATEGORY**

Professional  Paraprofessional  Support Staff

**ACTION DESCRIPTION**

Position Title \_\_\_\_\_  
Hourly Rate \_\_\_\_\_  
Center \_\_\_\_\_  
Department Number \_\_\_\_\_  
No. Hrs. Per Week \_\_\_\_\_

AS NEEDED

Effective Date: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Action: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Center Manager/Supervisor

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date