



# Westport Community Schools

## Exempt Personnel Action Form **Date:** \_\_\_\_\_

### Applicant Information

Employee Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Replacing: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Certification Type & Number: \_\_\_\_\_ MEPID: \_\_\_\_\_

### Salary Information

Salary \$ \_\_\_\_\_ Change: \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Work Year (Days): \_\_\_\_\_ Date of Change: \_\_\_\_\_

### Stipends

Stipend Salary: \_\_\_\_\_ Stipend Description: \_\_\_\_\_

\_\_\_\_\_ *Date*

COMMENTS: \_\_\_\_\_