



EMPLOYEE ACTION REQUEST  
(Press Firmly or Type)

4/21/15  
Today's Date

Lynn Easton  
Employee's Name  
Coordinator Bus Services  
Employee's Position  
Bus Services  
Location

[Redacted]  
Employee's Home Phone

REQUEST FOR: (check one)

- New Employee
- Employee Transfer/Change
- Job Resignation
- Other: \_\_\_\_\_

REMARKS:

Coordinator Business Services  
Step 7 \$75,842 eff 7/1/15

ADMINISTRATIVE USE ONLY FOR EMPLOYMENT RECOMMENDATION

New Position

Number of Hours Per Day (Must Complete) \_\_\_\_\_

Replacement For: Crystal Korpan

Change in Hours From: \_\_\_\_\_ To: \_\_\_\_\_

Successful Completion of Probationary Period

Extended Until: \_\_\_\_\_

Effective Date(s) \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Account Code 001.100.2520.6179.502

Full-Time (circle one) Yes No

POSITION 1 (circle one) ADD INACTIVATE CHANGE

Grade / Range 7

Step/Cell 75,842

Salary COORD

Job Code 237 Day

Criteria Code \_\_\_\_\_

Account Code 001.100.2520.6179.502.00000

Sub Location (paycheck location) 500

Hours per Day/Week 7/1/15

Effective Date 4/28/15

Board Date \_\_\_\_\_

HUMAN RESOURCES USE ONLY

Benefits (circle one) Yes No

POSITION 2 (circle one) ADD INACTIVATE CHANGE

Grade / Range \_\_\_\_\_

Step/Cell \_\_\_\_\_

Salary \_\_\_\_\_

Job Code \_\_\_\_\_

Criteria Code \_\_\_\_\_

Account Code \_\_\_\_\_

Sub Location (paycheck location) \_\_\_\_\_

Hours per Day/Week \_\_\_\_\_

Effective Date \_\_\_\_\_

Assistant Superintendent/Director of Human Resources \_\_\_\_\_

COMMENTS:

**GILBERT PUBLIC SCHOOLS  
PAYMENT FOR ADDITIONAL WORK**

CT  
**RECEIVED**  
JUN 22 2015  
GPS HR-CLASSIFIED

**NOTE: WORK THAT EXTENDS BEYOND FISCAL YEAR END, MUST BE SUBMITTED ON A NEW FORM FOR THE NEW SCHOOL YEAR.**

To pre-approve work: Employee and supervisor complete top of form and send to district administrator. The white and yellow copy will be returned to employee for submittal to Human Resources upon completion of work.

For rental, on call, overtime pay, complete and submit white and yellow copies of form to District Administrator for payment.

Date: 5/29/15

Employee Name: Edna Lynn Easton Employee ID #: [REDACTED]

School/Department: Finance Position: \_\_\_\_\_

Type of work to be completed: Budget/Visions  
(General description i.e., curriculum development, extended contract, etc.)

Description of work to be completed (Be specific): \_\_\_\_\_

Work Before Contract Days - Budget/Procurement Coord.  
May 29, June 5, June 12, June 19, June 26

Work start date: 5/29/15 Estimated Completion Date: 6/26/15 Number of Pays: \_\_\_\_\_

Hours worked: 5 days

Rate of Pay: \$320.01 Total to be paid: \$1600.05 Account code: \_\_\_\_\_

Employee Signature: Edna Lynn Easton

Site Principal/Admin. Signature: \_\_\_\_\_

District Administrator Signature: \_\_\_\_\_

District Budget Approval: \_\_\_\_\_

Human Resource Use Only	
Job Code	<u>ADDPAT</u>
Hourly/Daily	<u>320.01</u>
Time & 1/2	Y or N
TOTAL	<u>1600.05</u>

**GILBERT PUBLIC SCHOOLS  
COMPLETION OF ADDITIONAL WORK RESPONSIBILITIES**

Date: 6/22/15

This confirms that the work as agreed to for Edna Lynn Easton was satisfactorily completed on \_\_\_\_\_

Final and total payment is due. **APPROVED**

Administrator Signature: \_\_\_\_\_

JUN 22 2015  
Finance Dept. 1157M



EMPLOYEE ACTION REQUEST

3/30/16

Today's Date

Employee ID Number

Employee's Home Phone Number

Lynn Easton

Employee's Name

Business Services Coordinator

Business Services

Employee's Position

Location

REQUEST FOR: (check one)

- New Employee
- Employee Transfer/Change
- Job Resignation
- Other:

RECEIVED

APR 13 2016

GPS PAYROLL

REMARKS:

Resignation effective 6/30/16

6/30/16

ADMINISTRATIVE USE ONLY FOR EMPLOYMENT RECOMMENDATION

- New Position
- Number of Hours Per Day (Must Complete)
- Replacement For:
- Change in Hours From: \_\_\_\_\_ To: \_\_\_\_\_
- Successful Completion of Probationary Period
- Extended Until:

Effective Date(s)

Administrator's Signature

Employee's Signature

Account Code 001.100.2520.6150.502

Full-Time:  Yes  No  
Position 1:  Add  Inactivate  Change

HUMAN RESOURCES ONLY

Benefits:  Yes  No  
Position 2:  Add  Inactivate  Change

Grade/Range

Step

Salary

Job Code

Criteria Code

Account Code

Sub Location

Hours per Day/Week

Effective Date

Board Date

COMMENTS:

Grade/Range

Step

Salary

Job Code

Criteria Code

Account Code

Sub Location

Hours per Day/Week

Effective Date

Assistant Superintendent / Director of Human Resources

APPROVED

MAR 31 2016

Finance Dept.

RECEIVED

MAR 31 2016

OFFICE OF TALENT MGMT.

Revised 4/04



# EMPLOYEE ACTION REQUEST

(Press Firmly or Type)

4/5/16

Lynn Easton

Employee's Name

Business Services Coordinator

Employee's Position

Business Services

Location

Today's Date

Employee ID Number

Employee's Home Phone Number

REQUEST FOR: (check one)

- New Employee
- Employee Transfer/Change
- Job Resignation
- Other: Project Management Stipend

## REMARKS:

Project Management Stipend \$12,500 for visions implementation

*Approved by Dr. K. Winsto per April 4 email (attached)*

### ADMINISTRATIVE USE ONLY FOR EMPLOYMENT RECOMMENDATION

- New Position
- Number of Hours Per Day (Must Complete)
- Replacement For: \_\_\_\_\_
- Change in Hours From: \_\_\_\_\_ To: \_\_\_\_\_
- Successful Completion of Probationary Period
- Extended Until: \_\_\_\_\_

9/1/15-2/1/16

Effective Date(s)

Administrator's Signature

Employee's Signature

001.100.2520.6160.502  
Account Code

Full-Time:  Yes  No  
Position 1:  Add  Inactivate  Change

### HUMAN RESOURCES ONLY

Benefits:  Yes  No  
Position 2:  Add  Inactivate  Change

Grade/Range \_\_\_\_\_

Step/Cell \_\_\_\_\_

Salary \_\_\_\_\_

Job Code \_\_\_\_\_

Criteria Code \_\_\_\_\_

Account Code \_\_\_\_\_

Sub Location \_\_\_\_\_

Hours per Day/Week \_\_\_\_\_

Effective Date \_\_\_\_\_

Grade/Range \_\_\_\_\_

Step/Cell \_\_\_\_\_

Salary \_\_\_\_\_

Job Code \_\_\_\_\_

Criteria Code \_\_\_\_\_

Account Code \_\_\_\_\_

Sub Location \_\_\_\_\_

Hours per Day/Week \_\_\_\_\_

Effective Date \_\_\_\_\_

Board Date  
COMMENTS:

*Payroll*

APPROVED

APR 21 2016

Finance Dept.

Assistant Superintendent / Director of Human Resources

White/Yellow/Pink: Personal Gold: Originator

Revised 4/06



# EMPLOYEE ACTION REQUEST

5/17/16

Today's Date

Lynn Eason

Employee's Name

Business Services Coordinator / BS

Employee's Position

Location

Employee ID Number

Employee's Home Phone Number

REQUEST FOR: (check one)

- New Employee
- Employee Transfer/Change
- Job Resignation
- Other: VACATION PAYOUT

### REMARKS:

Approved by De K 5-16-16

SEE ATTACHED EMAIL BETWEEN TEDDY DUNKARD AND DR. KRISHNAMOORTHY

### ADMINISTRATIVE USE ONLY FOR EMPLOYMENT RECOMMENDATION

- New Position
- Number of Hours Per Day (Must Complete)
- Replacement For: \_\_\_\_\_
- Change in Hours From: \_\_\_\_\_ To: \_\_\_\_\_
- Successful Completion of Probationary Period
- Extended Until: \_\_\_\_\_

Effective Date(s)

[Signature]  
Administrator's Signature

Employee's Signature

001.100.2520.6190.502

Account Code

Full-Time:  Yes  No  
Position 1:  Add  Inactivate  Change

### HUMAN RESOURCES ONLY

Benefit:  Yes  No  
Position 2:  Add  Inactivate  Change

Grade/Range \_\_\_\_\_

Step \_\_\_\_\_

Salary \_\_\_\_\_

Job Code \_\_\_\_\_

Criteria Code \_\_\_\_\_

Account Code \_\_\_\_\_

Sub Location \_\_\_\_\_

Hours per Day/Week \_\_\_\_\_

Effective Date \_\_\_\_\_

Board Date \_\_\_\_\_

Grade/Range \_\_\_\_\_

Step \_\_\_\_\_

Salary \_\_\_\_\_

Job Code \_\_\_\_\_

Criteria Code \_\_\_\_\_

Account Code \_\_\_\_\_

Sub Location \_\_\_\_\_

Hours per Day/Week \_\_\_\_\_

Effective Date \_\_\_\_\_

Assistant Superintendent / Director of Human Resources \_\_\_\_\_

RECEIVED

MAY 18 2016

OFFICE OF TALENT MGMT.

Revised 4/06

APPROVED

MAY 18 2016

Finance Dept.