

Flagler County Schools Human Resources Department

Name Robert Ripley Phone 386-931-9799
 Mailing Address: _____

Current Job Title PE/Behavior Intervention Days 206 Hours 7.25
 New Job Title ESE Support Facilitator Days 196 Hours 7.25
 School/Dept Matanzas High School Name of Person Being Replaced Thomas Wooleyhan
 New Replacement Proposed Start/End Date 11/14/17 to 5/30/18

Full-time Part-time Substitute As Needed Temporary Summer Coach

Administrative Non-Instructional Instructional Professional
 Out of Field? Yes No
 Subject _____
 # Periods Taught Out of Field/Day _____

| | | | | | | | | | | | | | |
|------|-------------|-------|-------------|-----|-------------|-----|-------------|------|--------------|--------|--|------|--|
| FUND | <u>0100</u> | FUNCT | <u>5200</u> | OBJ | <u>0120</u> | CTR | <u>0090</u> | PROJ | <u>10000</u> | SU SUB | | PCT% | |
| FUND | | FUNCT | | OBJ | | CTR | | PROJ | | SU SUB | | PCT% | |
| FUND | | FUNCT | | OBJ | | CTR | | PROJ | | SUBPR | | PCT% | |
| FUND | | FUNCT | | OBJ | | CTR | | PROJ | | SU SUB | | PCT% | |

NOTES/COMMENTS/SPECIAL INSTRUCTIONS

Type of Action (check all that apply)

New Appointee

Re-appointment of employee currently working in district. In Existing Budget?

Transfer from position Check Here If Involuntary

Transfer from Center _____ TO _____

Change in Hours From _____ TO _____

Change in Days From 206 TO 196

Temporary Employment

Contract Extension

Fund Change

Resignation Last day worked _____

Retirement Last day worked _____

Termination Last day worked _____ Termed during Probation Period

Rehire

INSTRUCTIONAL / COURSE CODES

HR USE ONLY

Pay Code _____

PC Review [Signature]

Certification _____

DOE# _____

Lane _____

Recommended by [Signature] 11/14/17 Date
 Principal or Department Head

Approved _____ Date
 Superintendent or Designee

**Flagler County Schools
Human Resources Department**

CW
A-7/17/18

Name Robert Ripley Phone 386-931-9799/386-672-8542
Mailing Address: 110 Burning Bush Palm Coast, FL 32137

Current Job Title ESE Support Facilitator *MHS* Days 196 Hours 7.25
New Job Title TSA Intervention Days 196 Hours 7.25
School/Dept Wadsworth Elementary Name of Person Being Replaced Bob Nocella *New*
 New Replacement Proposed Start/End Date 8-8-18 ~~8-6-18~~ to 5-31-19

Full-time Part-time Substitute As Needed Temporary Summer Coach
 Administrative Non-Instructional Professional
 Instructional Professional
Out of Field? Yes No
Subject _____
Periods Taught Out of Field/Day _____

| | | | | | | | | | | | |
|------|------|-------|-------|-----|------|-----|------|------|-------|-------|------|
| FUND | 0100 | FUNCT | e6100 | OBJ | 0130 | CTR | 0131 | PROJ | 10000 | SUSUB | PCT% |
| FUND | | FUNCT | | OBJ | | CTR | | PROJ | | SUSUB | PCT% |
| FUND | | FUNCT | | OBJ | | CTR | | PROJ | | SUBPR | PCT% |
| FUND | | FUNCT | | OBJ | | CTR | | PROJ | | SUSUB | PCT% |

NOTES/COMMENTS/SPECIAL INSTRUCTIONS

Type of Action (check all that apply)

New Appointee

Re-appointment of employee currently working in district. In Existing Budget?

Transfer from position Check Here if Involuntary

Transfer from Center 0090 TO 0131

Change in Hours From _____ TO _____

Change in Days From _____ TO _____

Temporary Employment

Contract Extension

Fund Change

Resignation Last day worked _____

Retirement Last day worked _____

Termination Last day worked _____ Termed during Probation Period

Rehire

INSTRUCTIONAL / COURSE CODES

HR USE ONLY

Pay Code

PC Review

Certification *(LH)*

DOE# _____

Lane _____

Recommended by *Fred Dean* 6-12-18
Principal or Department Head Date

Approved *[Signature]*

