



SCHOOL BOARD OF FLAGLER COUNTY
RECOMMENDATION FOR PERSONNEL ACTION
REAPPOINTMENT

NAME: PEACOCK, JON PAUL
SOCIAL SECURITY NUMBER: [REDACTED]
ADDRESS: 2399 NARROW WAY DELAND FL 32720
PHONE: (386) 804-9994
SCHOOL: BUDDY TAYLOR MIDDLE SCHOOL
POSITION: ASST PRIN-M/J (216)
EFFECTIVE DATES: FROM: 08/01/2010 TO: 06/23/2011
DAYS: 216
HOURS: 6 MINUTES: 45

I AM RECOMMENDING THE ABOVE NAMED EMPLOYEE FOR REAPPOINTMENT WITH THE
FLAGLER COUNTY SCHOOL DISTRICT.

THE ABOVE NAME INDIVIDUAL WILL NOT BE RECOMMENDED FOR REAPPOINTMENT
WITH THE FLAGLER COUNTY SCHOOL DISTRICT.

W. Oden
SIGNATURE OF PERSON MAKING RECOMMENDATION

3/25/10
DATE

Harriett S. Holiday
SUPERINTENDENT /DESIGNEE'S APPROVAL

3/31/10
DATE

APPROVED BY BOARD ACTION ON: _____

THIS DOCUMENT SERVES AS OFFICIAL NOTIFICATION OF YOUR EMPLOYMENT STATUS FOR THE PERIOD
NOTED ABOVE.



Flagler County Schools
Human Resources Department
Personnel Action Form

A C
6/15

Name Jon Paul Peacock SSN # [REDACTED] DOB 5/6/1959
 Mailing Address 2399 Narrow Way, Deland, FL 32720 Phone # 386-804-9994

Current Job Title Assistant Principal Days 210 ~~228~~ Hrs 7 Position # _____
 New Job Title _____ Days _____ Hrs _____ Position # _____
 School/Dept Buddy Taylor Middle School Name of Person Being Replaced _____
 New Replacement Proposed Start/End Date 6-28-10 to 7-12-10

Full-time Part-time Substitute As Needed Temporary Summer Student Wkr

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

FUND 100 FUNCT 7300 OBJ 130/110 CTR 0011 PROJ 100 PCT (%) _____
 FUND _____ FUNCT _____ OBJ _____ CTR _____ PROJ _____ PCT (%) _____

For Use by Ad/Comm Ed & Yth Ctr _____ NOTES/COMMENTS/SPECIAL INSTRUCTIONS _____
 Center _____ Salary _____

Type of Action (check all that apply) *** Require Budget Impact Form*

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** 228 TO 236
 Change in Days From** _____ TO _____
 Temporary Employment
 Contract Extension** *changes e. Ackel*
 Fund Change
 Resignation Last day worked _____
 Retirement Last day worked _____
 Termination Last day worked _____ Termed during 90/97 Day Probation

HR USE ONLY

Received _____
 FP Cleared _____
 Pos Control _____
 EMAIL _____
 Certification _____
 Job Descr # _____
 Start Date _____
 Salary Slot _____
 Pay Type _____
 DOE# _____

Recommended by W. Oden 5/21/10
 Principal or Department Head Date
 Approved Harriett S. Holiday 5/25/10
 Superintendent or Designee Date

Board Approved _____
 Date

Mazur, Deborah

From: Sokol, Cathy
Sent: Wednesday, May 19, 2010 1:59 PM
To: Mazur, Deborah
Subject: Extension for Paul Peacock

Hey Debbie,

I have an email to extend Paul's contract for 10 days at the end of the year. Please send the PAF stating extension and the dates.

Thanks!



**Flagler County Schools
Human Resources Department
Personnel Action Form**

A 7/13^c

Name Jon Paul Peacock SSN # [REDACTED] DOB 5/6/1959
 Mailing Address 2399 Narrow Way, Deland, FL 32720 Phone # 386-804-9994

Current Job Title Assistant Principal Days 216 Hrs 7 Position # _____
 New Job Title _____ Days _____ Hrs _____ Position # _____
 School/Dept _____ Name of Person Being Replaced _____
 New Replacement Proposed Start/End Date 7/26/2010 to 7/30/2011
6/23/2011

Full-time Part-time Substitute As Needed Temporary Summer Student Wkr

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

FUND 100 FUNCT 7300 OBJ 130 CTR 0011 PROJ 100 PCT (%) _____
 FUND _____ FUNCT _____ OBJ _____ CTR _____ PROJ _____ PCT (%) _____

For Use by Ad/Comm Ed & Yth Ctr _____ NOTES/COMMENTS/SPECIAL INSTRUCTIONS
 Center _____ Salary _____ Starting back on 7/26/2010

Type of Action (check all that apply) **** Require Budget Impact Form**

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** _____ TO _____
 Temporary Employment
 Contract Extension**
 Fund Change
 Resignation Last day worked _____
 Retirement Last day worked _____
 Termination Last day worked _____ Termed during 90/97 Day Probation

HR USE ONLY

Received _____
 FP Cleared
 Pos Control _____
 EMAIL _____
 Certification _____
 Job Descr # _____
 Start Date _____
 Salary Slot _____
 Pay Type _____
 DOE# _____

Recommended by W. Oden 7/6/10
 Principal or Department Head Date
 Approved Harriett S. Holiday 7/8/10
 Superintendent or Designee Date

Board Approved _____
 Date



Flagler County Schools
Comprehensive Employee Evaluation Form

School-Based Administrator

Name: Paul Peacock Position: Assistant Principal

School/Dept: BTMS School Year 09/10

Formative Evaluation _____

Summative Evaluation

1. Leadership

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4

2. Decision Making

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4

3. Planning & Organizing

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4

4. Communication

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4

5. Interpersonal Relationships

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4

6. Productivity & Initiative

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4

7. Commitment to Mission

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4

8. Personnel Development

Unsatisfactory 1 Needs Improvement 2 Satisfactory 3 Very Effective 4

Total Score

29 (Maximum score is 32)

Unsatisfactory 8-12 Needs Improvement 13-20 Satisfactory 21-28 Very Effective 29-32

Employee is recommended for: Reappointment Dismissal Continuance of Probationary Status



Flagler County Schools Comprehensive Employee Evaluation Form

Name: Paul Peacock Position: Assistant Principal

School/Dept: BTMS School Year 09-10

Formative Evaluation _____

Summative Evaluation

Comments of the Evaluatee: _____

Comments of the Evaluator:

Mr. Peacock has been a welcomed addition to BTMS. He is committed to the mission of our school and has an infinite capacity for productivity and initiative. His sense of humor, his never saying no and his desire to constantly make things better has been an invaluable asset to the forward progress of our school.

The evaluation has been discussed with me: Yes No

[Signature]
Signature of Evaluatee

5/27/10
Date

W. Oden
Signature of Evaluator

5/27/10
Date