

GPLS STATE GRANTS Personnel Transaction Form for Positions funded with State Grant Allocations

This Agreement:

- Enrolls an employee in a state reimbursed position
- Removes an employee from a state reimbursed position
- Name employee being replaced: _____

PERSONNEL AGREEMENT

Employee/System Information					
Last Name	First Name	System Name			
Position Title			MLS License Number (if applicable)		
Employment Information					
Date Enrollment Begins:	Month/Day/Year	Date Enrollment Ends:	Month/Day/Year		
FTE			FTE		
<p>It is agreed and understood that the person identified herein is employed for an approved program conducted under policies of the Georgia Public Library Service. The salary of the employee covered by this agreement is to be paid to the employee annually (within the accepted range if professional position/MLS). The amount provided to the library system is a set amount according to the ZBB State Funding Formula of the Georgia Public Library Service and the laws of the State of Georgia. Approval is subject to compliance with state and federal laws and the availability of funds. In witness whereof, parties have affixed their signatures.</p> <p>Requested by: _____ Approved by: _____</p> <p>Director or System Board Chair _____ Date _____ Georgia Public Library Service _____ Date _____</p>					

E-Mail Signed Originals to:
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 or Mail to:
 Christopher A. Evans, Finance Director for Libraries
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