

PERSONNEL ACTION FORM

ALL CAPS indicates required field.

**Attach required supporting documentation for these actions.*

<u>AGENCY CODE</u>	<u>Process Level</u>	<u>Department</u>	<u>Check Locator</u>	<u>EIN</u>	<u>SSN (New Employee Only)</u> - -	<u>EFFECTIVE DATE</u>
<u>EMPLOYEE'S FULL NAME (LAST, FIRST, MI)</u>				<u>Preferred Name (If Different)</u>		
<u>Personal Mailing Address</u>				<u>City</u>	<u>State</u>	<u>County</u> <u>Zip Code</u>
<u>Work Telephone/Extension</u>		<u>Work E-Mail Address</u>		<u>Do NOT List Work Contact Information On:</u> <input type="checkbox"/> Internet <input type="checkbox"/> Intranet		
<u>ACTION TO BE TAKEN</u> (Select all that apply)						
<input type="checkbox"/> New Hire / Rehire (Type)* <input type="checkbox"/> Uncovered <input type="checkbox"/> Covered <input type="checkbox"/> Limited <input type="checkbox"/> Clerical Pool/Seasonal <input type="checkbox"/> Board/Commission Member <input type="checkbox"/> Return Retiree <input type="checkbox"/> Reinstatement/Reemployment <input type="checkbox"/> Non-Compensated <input type="checkbox"/> Intern <input type="checkbox"/> With Benefits <input type="checkbox"/> Health <input type="checkbox"/> Retirement <input type="checkbox"/> Leave Accruals <input type="checkbox"/> Without Benefits						
<input type="checkbox"/> Job Change (Type) <input type="checkbox"/> Transfer From (agency) _____ <input type="checkbox"/> Uncovered Job Change <input type="checkbox"/> Promotional Probation* <input type="checkbox"/> Lateral Transfer <input type="checkbox"/> Special Detail* <input type="checkbox"/> Mobility* <input type="checkbox"/> Return From Special Assignment <input type="checkbox"/> Voluntary Grade Decrease* <input type="checkbox"/> Demotion* <input type="checkbox"/> Reversion* <input type="checkbox"/> Reduction in Force Job Change* <input type="checkbox"/> Repromotion* <input type="checkbox"/> Position Number Update Only						
<input type="checkbox"/> Salary Adjustment* <input type="checkbox"/> Grant Permanent Status* <input type="checkbox"/> Extend Status Term Date* <input type="checkbox"/> Work Schedule Change <input type="checkbox"/> Status/FTE Change _____ <input type="checkbox"/> Personal Information Change <input type="checkbox"/> Changes to Position (Type) <input type="checkbox"/> Funding/Labor Distribution <input type="checkbox"/> Supervisor Code/Link <input type="checkbox"/> Process Level/Dept/Chk Locator <input type="checkbox"/> Other Action (Explain) _____						
<u>TERMINATION / AGENCY TRANSFER*</u>						
<input type="checkbox"/> Resignation <input type="checkbox"/> Expiration Of Appointment <input type="checkbox"/> Dismissal (Type: <input type="checkbox"/> OP <input type="checkbox"/> PS <input type="checkbox"/> UC) <input type="checkbox"/> Reduction In Force/Layoff <input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> Transfer To _____						
<u>Job Code</u>	<u>POSITION NUMBER</u>	<u>Position Title</u>			<u>Grade/Band</u>	
<u>Old Rate</u> \$	<u>New Rate</u> \$	<u>Scheduled Review Type</u> <input type="checkbox"/> OP <input type="checkbox"/> PP <input type="checkbox"/> Other _____			<u>Scheduled Review Date</u>	
<u>Work Schedule</u> <input type="checkbox"/> ___ Hrs/ ___ Days Per Week <input type="checkbox"/> FLEX		<u>Work Days</u> Week One: <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F Week Two: <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F		<u>Employee Type (FTE)</u> <input type="checkbox"/> Full Time (1.00) <input type="checkbox"/> ¾ Time (.750) <input type="checkbox"/> ½ Time (.500) <input type="checkbox"/> ¼ Time (.250)		<u>Shift / Differential</u> <input type="checkbox"/> 1 st / None <input type="checkbox"/> 2 nd / 5% <input type="checkbox"/> 3 rd / 10%
<u>Supervisor Codes/Links for Position</u> (If new codes/links are required, please attach an updated organizational chart.)						
SUPERVISOR CODE FOR THIS POSITION: _____ Will this position supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No Existing Link? _____ <i>Supervisor Code means the position's supervisor. Supervisor Link means this position as a supervisor.</i>						
List EIN's of all people reporting <u>directly</u> to this position: 						
<u>Position Labor Distribution</u> (Splits must total 100%; please use Comments or attach additional sheet if necessary.)						
Pct _____ % Fund _____ Accounting Unit _____ Activity _____ FY _____ Pct _____ % Fund _____ Accounting Unit _____ Activity _____ FY _____						
<u>COMMENTS</u>						
<u>PERSONNEL LIAISON</u>		<u>DIVISION APPROVAL</u>		<u>DIRECTOR'S APPROVAL</u>		<u>DATE</u>