

# Arizona State Personnel System PERSONNEL ACTION FORM

Agency Code	Process Level	Dept.	User Level	EIN	SSN (New Employee Only)	Effective Date
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## EMPLOYEE INFORMATION

Employee's Full Name (Last, First, MI) \_\_\_\_\_ Preferred Name (if different) \_\_\_\_\_

Personal Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Telephone/Extension \_\_\_\_\_ Work E-Mail \_\_\_\_\_

## ACTION TO BE TAKEN (select all that apply)

### NEW HIRE/REHIRE\*

- Covered
- Uncovered
- Political Appointee (PA)
- Regular
- Temporary
- Return Retiree\*
- Paid Intern

### WITH BENEFITS

Health Retirement Leave Accruals

### WITHOUT BENEFITS

### BOARD MEMBER

- Compensated
- Non-Compensated

### SPECIAL ASSIGNMENT\*

### JOB CHANGE

- Transfer From (Agency)
- Transfer Within Agency
- Demotion
  - Voluntary
  - Involuntary
- Promotion\*
- Reversion (Covered Only\*)
- PA to Non-PA
- Non-PA to PA
- RIF Job Change\*

### CHANGES TO POSITION

- Funding/Labor Distribution
- Supervisor Code/Link
- Process Level/Dept./Check Locator

### STATUS CHANGE

- Covered to Uncovered
- FTE Change
- PA to Non-PA
- Non-PA to PA
- FLSA Exempt to FLSA Non-Exempt
- FLSA Non-Exempt to FLSA Exempt

### SALARY ADJUSTMENT\*

- Base Pay
- Variable Pay
- Special Assignment

### WORK SCHEDULE CHANGE

- PERSONAL INFORMATION CHANGE
- OTHER (EXPLAIN IN COMMENTS)

## TERMINATION/AGENCY TRANSFER

- |                        |                                        |                       |       |
|------------------------|----------------------------------------|-----------------------|-------|
| Resignation Retirement | Expiration of Appointment RIF / Layoff | Dismissal Transfer To | Death |
|------------------------|----------------------------------------|-----------------------|-------|

## POSITION INFORMATION

Job Code	Position Number	Position Title	FLSA	Exempt	Non-Exempt	Grade
Old Base Rate	New Base Rate	Variable Pay	Special Assgn. Pay			

## WORK SCHEDULE/FTE

Work Schedule	Work Schedule	Employee FTE	Shift/Differential
HRS. / DAYS / WEEK	Week 1 S S M T W T F	Full Time (1.00)	1st / None
FLEX	Week 2 S S M T W T F	3/4 Time (.75)	2nd / 5%
ETE Participant Yes No		1/2 Time (.50)	3rd / 10%
		1/4 Time (.25)	

## SUPERVISOR CODES/LINKS FOR POSITION (Attach organizational chart if new codes are required)

SUPERVISOR CODE FOR THIS POSITION \_\_\_\_\_ WILL THIS POSITION SUPERVISE Yes No Existing Link \_\_\_\_\_

**Supervisor Code means this position's supervisor** **Supervisor link means this position is a supervisor**

List EINs of all employees reporting DIRECTLY to this position

## POSITION LABOR DISTRIBUTION (Must total 100%; use comment or attach additional sheets if required)

Pct	Acctg. Unit	FY	Pct	Acctg. Unit	FY
Pct	Acctg. Unit	FY	Pct	Acctg. Unit	FY

## COMMENTS

Name \_\_\_\_\_ Signature \_\_\_\_\_ Director's Signature \_\_\_\_\_ Date \_\_\_\_\_