

08/04/2020



FULL TIME  
REGULAR PART TIME  
PART TIME

# PERSONNEL ACTION FORM

Date of Form \_\_\_\_\_ **Start Date** \_\_\_\_\_ Primary Supervisor \_\_\_\_\_

Other Supervisors \_\_\_\_\_

*highlighted sections are required*

NAME \_\_\_\_\_ Employee I.D. \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS \_\_\_\_\_  
(#) (Street) (apt) (City) (State) (Zip)

EMERGENCY CONTACT INFORMATION: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

<input type="checkbox"/> NEW POSITION	POSITION TITLE _____ STEP _____	<i>starting the person at step d or higher requires a comment</i>
<input type="checkbox"/> RE-HIRE	PAY RATE _____ COST CENTER _____ COMMENTS( _____)	
<input type="checkbox"/> _ ADD COST CENTER	POSITION TITLE (FROM SALARY SCALE) _____	
<input type="checkbox"/> _ ADD JOB CODE	STEP FOR EACH _____ ADDITIONAL COST CENTER _____ PRIMARY JOB CODE _____	
<input type="checkbox"/> PAY CHANGE	POSITION TITLE: from _____ to _____	
<input type="checkbox"/> PROMOTION	STEP: from _____ to _____	
<input type="checkbox"/> TRANSFER	COST CENTER: from _____ to _____	
<input type="checkbox"/> DEMOTION	EXPLANATION _____	
<input type="checkbox"/> PT/ to FULL- TIME		
<input type="checkbox"/> PT/TO REGULAR PART TIME		
<input type="checkbox"/> _ RESIGNATION	REASON _____	
<input type="checkbox"/> TERMINATION		
<input type="checkbox"/> DECEASED	WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain?	
<input type="checkbox"/> RETIREMENT		

Employee: \_\_\_\_\_  
Signature Date

Supervisor: \_\_\_\_\_  
Signature Date

Division Director: \_\_\_\_\_  
Signature Date

If FT/RPT/PERS:  
Executive Director: \_\_\_\_\_  
Signature Date