

10/06/2022



PERSONNEL ACTION FORM

FULL TIME
REGULAR PART TIME
PART TIME

Effective Date _____

Primary Supervisor _____

Other Supervisors _____

*highlighted
sections are
required*

NAME _____ Employee I.D. _____
(Last) (First) (M.I.)

ADDRESS _____
(#) (Street) (apt) (City) (State) (Zip)

EMAIL ADDRESS _____ PHONE _____

EMERGENCY CONTACT _____ 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