



Human Resources
Personnel Action Form

This form is to be completed for all new hires, change of status for current employees, terminations or resignations and re-hire of inactive or terminated employees.

1. Complete this form and submit to Executive Director for approval
2. Attach back-up documentation and/or candidate materials.
3. Make effective date the first day of a pay period cycle.

NAME:	EMPLOYEE NUMBER:
POSITION:	EFFECTIVE DATE:
DEPARTMENT:	SUPERVISOR:

REASON FOR ACTION:	<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> RE-HIRE	<input type="checkbox"/> PROMOTION
	<input type="checkbox"/> SEPARATION	<input type="checkbox"/> STEP INCREASE	<input type="checkbox"/> OTHER
TYPE OF APPOINTMENT:	<input type="checkbox"/> REGULAR FULL TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> PROVISIONAL
	<input type="checkbox"/> SEASONAL/PART TIME	<input type="checkbox"/> PART TIME	
FINGERPRINTS REQUIRED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CALENDAR/DAYS _____

FROM		TO	
Job Position/ Classification		Job Position/ Classification	
Job Class		Job Class	
Grade Code Step Pay Rate		Grade Code Step Pay Rate	
Budget Code		Budget Code	
Other/ Special Pay		Other/ Special Pay	

REMARKS:	DEPARTMENT CHAIR	DATE
	EXECUTIVE DIRECTOR	DATE
	FINANCE DIRECTOR	DATE