



2016-7-11b

PERSONNEL ACTION FORM

Employee Name:	Employee ID Number:	Actual Start Date	Salary/Hourly Rate
		(HR USE ONLY)	
Department Name:	Title:	Position Subject to Random Drug Test	
Business Unit:	Position Number:	YES	NO
Location:			
Desired Effective Date: ___ / ___ / ___			
New Hire Rehire Special Adjustment	Promotion Merit Increase	Leave / Return from Leave Transfer Status Change / Reclassify (HR and BOC approval)	Demotion Termination Other (specify in comments)

Position Change	Current Title / Dept.	Fund Number	Position Grade/#	Supervisor	FT Other	PT
	New Title / Dept.	Fund Number	Position Grade/#	Supervisor	FT Other	PT
Salary Change	Current Salary	Salary Range (min – mid):		Budgeted Salary:		
	New Salary	Merit Amount / % of increase:		Adjustment Amount / % of increase:		
Leave/ Return	Reason / Justification		Expected Return Date: ___ / ___ / ___			
			Actual Return Date: ___ / ___ / ___			
Codes: ADM, FML, LWOP, LTD, MIL, PLV, STD, WCP						
Separation	Reason (code):	Two-Week Notice	Yes	No	Paid Through Date:	
		Eligible for Rehire	Yes	No	/ /	
Codes: Voluntary: ABJ, ADV, CMP, MGT, MUT, PER, RET, WCD Involuntary: ATT, DEC, LOF, MIS, PFM, RIF, ROG, TAE, WTP-UN						

Authorized Signatures	Manager:	/ /
	Department Head:	/ /
	Human Resources:	/ /
	Finance:	/ /

Comments: _____

HR Processor:	Date: / /
Verified by:	Date: / /

Retain a copy for your records

Shaded areas are for HR use only