



PERSONNEL ACTION FORM

This form is not a contract and does not establish employment rights or compensation.

Name		Social Sec #	
		Email	
Mailing Address		Home Phone	Birthday
City, State, Zip		Cell Phone	
CURRENT POSITION:		HIRED TODAY AS:	
		DEPT/DIVISION:	

PERSONNEL ACTION	
<input type="checkbox"/>	New Hire
<input type="checkbox"/>	Rehire
<input type="checkbox"/>	End of Introductory Period
<input type="checkbox"/>	Promotion
<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Reclassification
<input type="checkbox"/>	Evaluation
<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Voluntary Separation
<input type="checkbox"/>	Involuntary Separation
<input type="checkbox"/>	Suspension
<input type="checkbox"/>	Leave Return from Leave
<input type="checkbox"/>	Additional Responsibility/Pos
<input type="checkbox"/>	Other

PAYROLL ACTION	
<input type="checkbox"/>	New Hire
<input type="checkbox"/>	Rehire
<input type="checkbox"/>	Increase Request
<input type="checkbox"/>	Salary Survey Adjustment
<input type="checkbox"/>	Pay leave/comp time @ Separation
<input type="checkbox"/>	Suspension with w/o pay
<input type="checkbox"/>	Leave with w/o pay
<input type="checkbox"/>	Stop

DEPARTMENT GL#	
-	%
-	%
-	%
-	%
-	%
-	%
-	%
-	%

EMPLOYMENT CLASSIFICATION	
<input type="checkbox"/>	Full-Time
<input type="checkbox"/>	Part-Time with w/o benefits
<input type="checkbox"/>	Seasonal
<input type="checkbox"/>	Elected Official
<input type="checkbox"/>	Other

FORMS TO BE COMPLETED & DOCUMENTS PROVIDED		
<input type="checkbox"/>	Driver's License #	Employee Handbook
<input type="checkbox"/>	Valid? Yes No Expires:	Drug Policy
<input type="checkbox"/>	I-9 Form / ID provided	Dept Protocols/Policies
<input type="checkbox"/>	Tax Form	Drug Test /Date:
<input type="checkbox"/>	URS/State Retirement	Background check
<input type="checkbox"/>	DWFS Registration	Hep A & B Vaccination
<input type="checkbox"/>	Medical Insurance	Release to return to work
<input type="checkbox"/>	Dental Insurance	Physical
<input type="checkbox"/>	Vision Insurance	POST Certification
<input type="checkbox"/>	Life Insurance	Direct Deposit
<input type="checkbox"/>	HSA/FSA	
<input type="checkbox"/>	401K/457 Saving Plan	Entered into Payroll

	HOURLY	MONTHLY	ANNUAL			
CURRENT SALARY				% Difference	Grade	% Range
NEW SALARY						

Starting Date	Last Day Worked
COMMENTS:	

Employee	Date
Department/Division Head	Date
Personnel	Date
City Manager	Date