

PERSONNEL ACTION FORM

DATE _____

1. NAME _____

Employee No. _____

2. ADDRESS _____

Department _____

3. CITY, STATE, ZIP _____

TYPE OF ACTION	<input type="checkbox"/> Transfer From _____ To _____	<input type="checkbox"/> Military Service
<input type="checkbox"/> New Employee	<input type="checkbox"/> Resignation (1)	<input type="checkbox"/> Leave Without Pay
<input type="checkbox"/> Re-employment	<input type="checkbox"/> Discharge (2)	<input type="checkbox"/> Change of Address
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Retirement (3)	<input type="checkbox"/> FLMA
<input type="checkbox"/> Promotion	<input type="checkbox"/> Death (4)	<input type="checkbox"/> Demotion
<input type="checkbox"/> Re-Classification	<input type="checkbox"/> Suspension Interim (Acting)	<input type="checkbox"/> Other

Further Explanation as needed: _____

DATE ABOVE ACTION EFFECTIVE _____

TYPE OF EMPLOYEE Permanent Temporary

DATE OF BIRTH _____

CLASS TITLE _____ Annual Salary _____

PAY RANGE CODE _____

- | | | |
|--------------------------|-----------------------------|-----------------------------|
| 4. Social Sec. No. _____ | 14. State Add. Wht. _____ | 24. Retire. Ded. _____ |
| 5. Hourly Rate _____ | 15. Object Code _____ | 25. Credit Union Ded. _____ |
| 6. VRS Sal. _____ | 16. Job Class Code _____ | 26. _____ |
| 7. FLSA Status _____ | 17. Workers' Comp. _____ | 27. _____ |
| 8. Sex Code _____ | 18. Health Care Ded. _____ | 28. _____ |
| 9. Ethnic Code _____ | 19. ICMA Retire. Ded. _____ | 29. _____ |
| 10. Marital Status _____ | 20. Life Ins. Ded. _____ | 30. _____ |
| 11. Fed. Exempt. _____ | 21. Hosp. Ins. Code _____ | 31. _____ |
| 12. Fed. Add. Wht. _____ | 22. Hosp. Ins. Ded. _____ | 32. _____ |
| 13. State Exempt. _____ | 23. Cancer Ins. _____ | 33. _____ |

ACTION REQUESTED BY: Department Head _____ Date _____

APPROVED: Budget Approval _____ Date _____

HR Approval _____ Date _____

POSTED Deputy City Manager _____ Date _____

City Manager or Designee _____ Date _____

CODES TO BE USED:

7 - RATE CHANGE CODES

- 1-Promotion
- 2-Administrative Inc.
- 3-Merit Increase
- 4-Demotion
- 5-Other

8 - SEX CODES

- M-Male
- F-Female

9 - ETHNIC CODES

- B-Black
- W-White
- H-Hispanic
- O-Oriental
- A-Amer. Indian
- Z-Other

10 - MARITAL STATUS

- PER FEDERAL W-4
- M-Married
- S-Single
- 15 - OBJECT CODES
- 4-Permanent
- 6-Temporary

21 - HOSPITALIZATION CODES

- 0-No Insurance
- 1-Employee Only
- 2-Employee and 1 Minor
- 3-Family
- 4-Over 65