



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 |