

PERSONNEL ACTION FORM

DATE _____

1. NAME _____
 2. ADDRESS _____
 3. CITY, STATE, ZIP _____

Employee No. _____
 Department _____

TYPE OF ACTION <input type="checkbox"/> New Employee <input type="checkbox"/> Re-employment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Promotion <input type="checkbox"/> Re-Classification	<input type="checkbox"/> Transfer From _____ <input type="checkbox"/> Resignation (1) <input type="checkbox"/> Discharge (2) <input type="checkbox"/> Retirement (3) <input type="checkbox"/> Death (4) <input type="checkbox"/> Suspension Interim (Acting)	To _____ <input type="checkbox"/> Military Service <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Change of Address <input type="checkbox"/> FLMA Demotion Other
Further Explanation as needed: _____ DATE ABOVE ACTION EFFECTIVE _____ TYPE OF EMPLOYEE <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary CLASS TITLE _____ Annual Salary _____		

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|--------------------------|-----------------------------|-----------------------------|
| 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: Deputy City Manager _____ Date _____
 Budget Approval _____ Date _____
 POSTED City Manager or Designee _____ Date _____
 HR Approval _____ Date _____

- CODES TO BE USED:
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|--|--|--|--|
| 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 |
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