

## Personnel Action Form

- |   |                                      |  |  |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Leave Return   | <input type="checkbox"/> Transfer*   | <input type="checkbox"/> Return from Seasonal Separation | <input type="checkbox"/> Other<br><i>Comments are required</i> |
| <input type="checkbox"/> Status Change* | <input type="checkbox"/> Job Change* | <input type="checkbox"/> Rate Change*                    |  |
| <input type="checkbox"/> Add Alternate  | <input type="checkbox"/> Promotion*  |  |  |

**Please note that there is a separate form for Payroll and Leave of Absence**

Effective Date

Pay rate changes must be effective at the **BEGINNING** of a pay period

Employee Number

Badge Number

Last Name

Supervisor Code

First Name

Middle Initial

Hourly Review     Salary Review

### Job Information

Primary Assignment

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Department <input type="text"/>     | Cost Center <input type="text"/> |
| Position/Title <input type="text"/> | Job Code <input type="text"/>    |

Alternate Assignment

|                                      |                                  |
|--------------------------------------|----------------------------------|
| Department <input type="text"/>      | Cost Center <input type="text"/> |
| Position/Title <input type="text"/>  | Job Code <input type="text"/>    |
| Supervisor Code <input type="text"/> |                                  |

### Rate / Rate Change

*2%+ increases require 2 signatures*  
Primary Assignment

Hourly     Salary *HR Initials* \_\_\_\_\_

|                               |                               |
|-------------------------------|-------------------------------|
| Old Rate <input type="text"/> | New Rate <input type="text"/> |
|-------------------------------|-------------------------------|

Alternate Assignment

|                               |                               |
|-------------------------------|-------------------------------|
| Old Rate <input type="text"/> | New Rate <input type="text"/> |
|-------------------------------|-------------------------------|

### Employment Classification

*This is what determines the employees Benefits. Please contact HR if you are unsure.*

|                                 |                                  |                                     |
|---------------------------------|----------------------------------|-------------------------------------|
| <input type="radio"/> Full Time | <input type="radio"/> Year Round | <input type="radio"/> Temporary     |
| <input type="radio"/> Part Time | <input type="radio"/> Seasonal   | <input type="radio"/> Dual Seasonal |

Temporary Type

All status changes to a part time or temporary status require Division Signature

### Other Information Comments

Comments

### Signature / Dates

*If employee needs to sign, please do so in comment box with a date.  
Employee should sign for \* items  
If emailing the PAF, the email will act as your signature. Contact HR with questions.*

|                                   |                                       |                                |
|-----------------------------------|---------------------------------------|--------------------------------|
| Manager Name <input type="text"/> | Division Manager <input type="text"/> | VP/GM <input type="text"/>     |
| Signature <input type="text"/>    | Signature <input type="text"/>        | Signature <input type="text"/> |
| Date <input type="text"/>         | Date <input type="text"/>             | Date <input type="text"/>      |

### HR Use Only

HR Initials \_\_\_\_\_

Work Ready     Org Chart Update     Review Date

I9     Background Check     Offer Letter

DMV     Benefits Notified (Status Change)

### Bonus Field

*Must be entered in PS*

MIP JR     P & L

MIP     MM

COMM     EXEC

### Notes