

**CITY OF ESPANOLA
PERSONNEL ACTION FORM**

EFFECTIVE DATE OF ACTION _____

EMPLOYEE NAME _____ EMPLOYEE NO. _____

EMPLOYEE ADDRESS _____

TELEPHONE NO. _____ DATE OF BIRTH _____ SSN _____

ACTION TYPE

- | | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> NEW HIRE | <input type="checkbox"/> REHIRE | <input type="checkbox"/> SEPARATION | <input type="checkbox"/> INCREASE | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> CHANGE | <input type="checkbox"/> CORRECTION | <input type="checkbox"/> PROMOTION | <input type="checkbox"/> TRANSFER | <input type="checkbox"/> DEMOTION |

ACTION COMMENTS: _____

PERSONNEL DATA

DEPARTMENT _____ DIVISION _____ CODE _____

JOB TITLE _____ TOOL NO. _____

RANGE/STEP _____ HIRE DATE _____ PROBATION ENDING _____

HOURLY \$ _____ MONTHLY \$ _____ ANNUALLY \$ _____

TYPE: REGULAR EXEMPT CONTRACT STUDENT

STATUS: FULL-TIME PART-TIME TEMPORARY CASUAL GRANT

PAYROLL DEDUCTION DATA

- | | | | |
|-----------------------------------------|------------------------------------------|--------------------------------------|--------------------------------------------|
| <input type="checkbox"/> PERA | <input type="checkbox"/> POLICE PERA | <input type="checkbox"/> NO PERA | <input type="checkbox"/> MEDICAL INSURANCE |
| <input type="checkbox"/> LIFE INSURANCE | <input type="checkbox"/> MISC. INSURANCE | <input type="checkbox"/> MISC. _____ | |

SEPARATION DATA

TYPE: RESIGN RETIRE LAYOFF TERMINATED* OTHER*

RATING: EXCELLENT* ABOVE AVERAGE SATISFACTORY UNSATISFACTORY

REHIRE: YES NO CONDITIONAL

* EXPLANATION REQUIRED: _____

PERSONNEL ACTION APPROVALS

EMPLOYEE _____
DATE

FIN. DIR. _____
DATE

SUPV. _____
DATE

PER. DIR. _____
DATE

DEPT. HEAD _____
DATE

CITY MANG. _____
DATE

WHITE-PERSONNEL CANARY-EMPLOYEE PINK-FINANCE

AUG-90