



# PERSONNEL ACTION COVER SHEET

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

**TYPE OF ACTION:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Hire           | <input type="checkbox"/> Flex Staffing        | <input type="checkbox"/> Limited Term to Regular or Temp |
| <input type="checkbox"/> Rehire             | <input type="checkbox"/> Promotion            | <input type="checkbox"/> Regular or Temp to Limited Term |
| <input type="checkbox"/> Merit & Evaluation | <input type="checkbox"/> Demotion             | <input type="checkbox"/> Supervisor/Manager Change       |
| <input type="checkbox"/> Earnings Change    | <input type="checkbox"/> Costing Change       | <input type="checkbox"/> Salary Resolution Change        |
| <input type="checkbox"/> Position Change    | <input type="checkbox"/> Hours Change         | <input type="checkbox"/> Termination                     |
| <input type="checkbox"/> Second Assignment  | <input type="checkbox"/> Pay Adjustment       | <input type="checkbox"/> United Way Deduction            |
| <input type="checkbox"/> Reclassification   | <input type="checkbox"/> Regular to Temporary | <input type="checkbox"/> Wireless Allowance              |
| <input type="checkbox"/> Transfer           | <input type="checkbox"/> Temporary to Regular | <input type="checkbox"/> Other _____                     |

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
<b>JOB NAME</b>	<b>JOB NUMBER</b>	<b>JOB LOCATION</b>
<b>JOB GRADE</b>	<b>SHR STEP</b>	<b>SUPERVISOR NAME</b>

<b>PAY GROUP:</b>	<b>SCHEDULED HOURS</b> _____	<b>EMPLOYEE TYPE:</b>
<input type="checkbox"/> Biweekly	<input type="checkbox"/> Full Time	<input type="checkbox"/> Regular
<input type="checkbox"/> 28 Day	<input type="checkbox"/> Part Time 0-19	<input type="checkbox"/> Limited Term
<input type="checkbox"/> Elections	<input type="checkbox"/> Part Time 20-29	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Part Time 30-39	<input type="checkbox"/> Appointed
		<input type="checkbox"/> Elected
		<input type="checkbox"/> Contingent

<b>Pay Rate:</b>	<b>Salary Basis:</b>	<b>Is Employee a Supervisor?</b>	<b>If Yes, Direct Reports:</b>
_____ /Hour	<input type="checkbox"/> Exempt	<input type="checkbox"/> Yes	_____
_____ % Change	<input type="checkbox"/> Non-exempt	<input type="checkbox"/> No	_____
			_____

<b>Next Salary Review Date:</b> _____	<b>If Termination: Reason</b> _____
<b>Next Performance Review Date:</b> _____	<b>Last Day Worked</b> _____
	<b>Rehire?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**COSTING:**

Division \_\_\_\_\_ Department \_\_\_\_\_

Project \_\_\_\_\_ Fund/Org \_\_\_\_\_

GL Location \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(12/2017)