

CEDAR CITY PERSONNEL ACTION FORM

ACTION: HIRE CHANGE SEPARATION EFFECTIVE DATE _____

| | | | | | |
|--|--|--|-----------------------------|--|---|
| NAME | | EMP. NO | DEPT. | | |
| MAILING ADDRESS | | CITY | | STATE | ZIP |
| SOCIAL SECURITY# | BIRTHDATE | PHONE | SEX | RACE | MARITAL STATUS |
| DRIVERS LICENSE #/ EXP. DATE | | EMERGENCY CONTACT NAME & PHONE NUMBER | | | |
| PRESENT TITLE | | | HOURLY RANGE 1 2 3 4 N/A | HOURLY | |
| NEW TITLE | | | HOURLY RANGE 1 2 3 4 N/A | HOURLY | |
| Employment Status <input type="checkbox"/> | PRESENT STATUS | | | NEW STATUS | |
| | <input type="checkbox"/> REGULAR FULL TIME <input type="checkbox"/> REGULAR PART TIME <input type="checkbox"/> PROBATIONARY <input type="checkbox"/> PART TIME <input type="checkbox"/> VARIABLE HOUR <input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER | | | <input type="checkbox"/> REGULAR FULL TIME <input type="checkbox"/> REGULAR PART TIME <input type="checkbox"/> PROBATIONARY <input type="checkbox"/> PART TIME <input type="checkbox"/> VARIABLE HOUR <input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER | |
| SALARY CHANGE <input type="checkbox"/> | <input type="checkbox"/> MERIT INCREASE <input type="checkbox"/> PROMOTION <input type="checkbox"/> WORKING ABOVE CLASS <input type="checkbox"/> NO LONGER WORKING ABOVE CLASS | | | <input type="checkbox"/> DEMOTION <input type="checkbox"/> DISCIPLINARY SALARY REDUCTION <input type="checkbox"/> OTHER (EXPLAIN BELOW) | |
| | NO SALARY CHANGE <input type="checkbox"/> | <input type="checkbox"/> TRANSFER <input type="checkbox"/> TITLE CHANGE <input type="checkbox"/> REASSIGNMENT | | | <input type="checkbox"/> NAME, ADDRESS, PHONE <input type="checkbox"/> OTHER (EXPLAIN BELOW) |
| LEAVE FROM _____ TO _____ | | <input type="checkbox"/> ADMINISTRATIVE LEAVE <input type="checkbox"/> MILITARY LEAVE <input type="checkbox"/> WORKERS COMP. <input type="checkbox"/> DISCIPLINARY SUSPENSION | | | <input type="checkbox"/> MEDICAL LEAVE <input type="checkbox"/> PERSONAL LEAVE <input type="checkbox"/> OTHER (EXPLAIN BELOW) |
| | SEPARATION <input type="checkbox"/> | REASON <input type="checkbox"/> CAREER OPPORTUNITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RESIGNED <input type="checkbox"/> LAY OFF | | | <input type="checkbox"/> TERMINATED FOR CAUSE <input type="checkbox"/> NO LONGER NEEDED <input type="checkbox"/> DISMISSED DURING PROBATION <input type="checkbox"/> OTHER (EXPLAIN BELOW) |
| LAST DAY ON PAYROLL _____ LAST DAY WORKED _____ | | | | | |

EXPLANATION: _____

EMPLOYEE _____ DATE _____

MANAGER/SUPERVISOR _____ DATE _____ DEPT. HEAD _____ DATE _____

PAYROLL _____ DATE _____ PERSONNEL _____ DATE _____