Human Resources Action Form Employee #: Effective date: Employee name: Department: Actions: (Check all actions that apply. The numbers in parentheses refer to the information needed for each action.) New Hire (1 - 14) [14 = Hrly Rate] Increase/Decrease Hours Worked/Pay Plan Change (2, 4, 5, 6, 7) Additional Assignment (1 - 14) [14 = Hrly Rate] Demotion (1 - 13) Change Status FT/PT or PT/FT (1 - 14) [14 = Hrly Rate] Extraordinary Step Increase (7) Change Location (4 & 8) Suspension (15 & Notes) Change Supervisor (4, 5, 10, 11) Accrual Plan Change (2) Acting Pay Appointment (14 - 15) [14 = Pay Rate] Leave/Pay Adjustment (14 & Notes) Lateral Transfer (1 - 13) Military Supplement (14 - 15) Career Development – EE keeps same Position # (4-7) Shift Change (12) Promotion – EE goes to a new Position # (1 -13) Information needed: **Current:** New: Organization/Department 2. Accrual Plan 3. Job Number 4. **Employee Position Number** Position Title/Description Grade 7. Step 8. Location 9. Assignment Category 10. Supervisor Name 11. Supervisor Position Number 12. Rotation 13. Earnings Policy 14. Amount 15. End date (G_Seasonal required) Notes: **Signatures:** Originated by: Date: Agency Representative: Date: HR Division Rep: Date:

County Manager: Date:

FOR HR OFFICE USE ONLY:

New Hires:

HR Director:

HRMS Entry:

Is this a reinstatement? Please attach authorization.

Accrual Date Adjustment? ☐ Yes ☐ No

Date:

Date: