## **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 # (5-7)	Shift Change (12)
Promotion – EE goes to a new Position # (1 -13)	

Information needed:	Current:	New:
1. Organization/Department		
2. Accrual Plan		
3. Job Number		
4. Employee Position Number		
5. Position Title/Description		
6. 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:
HR Director:	Date:
HRMS Entry:	Date:
County Manager:	Date:

FOR HR OFFICE USE ONLY:

## New Hires:

Is this a reinstatement? Please attach authorization.

Is this a rehire? Is this a rehire? Is this an emergency hire? Accrual Date Adjustment? Yes No