

EMPLOYEE ACTION NOTICE

NAME: _____ MUNIS NUMBER: _____

DIVISION: _____ PC# _____ FUND: _____

A. APPOINTMENT SECTION

Address: _____ Phone: _____

Date of Birth: _____ Sex: _____

Retirement: _____ Group: _____

Job Title: _____

Job Class: _____ Grade/Step: _____

Hourly: _____ Annual: _____

Employment Date: _____ FTE: _____

Supervisor: _____

Reason: _____

- Hispanic or Latino
- White
- Black or African American
- Asian
- Hawaiian or other Pacific Islander
- American Indian or Native Alaskan

Employee Status:	New Hire	Salary Full-Time	Temporary/Intern
	Rehire	Hourly Full- Time	Seasonal
	Reinstate	Part-Time	

B. JOB/SALARY ASSIGNMENT CHANGES

EFFECTIVE DATE: _____

PRESENT PC# _____

PROPOSED PC# _____

Title: _____ Title: _____

Job Class: _____ Grade/Step: _____ Job Class: _____ Grade/Step: _____

Hourly: _____ Annual: _____ Hourly: _____ Annual: _____

Incentives: _____ Incentives: _____

Transfer to Division: _____ Fund: _____ Hours: _____

Payment Type: _____ Retirement: _____ Group: _____ Sick/Vacation: _____

Reason: _____ Supervisor: _____

C. SEPARATION

Separation Date (last day worked): _____ Reason: _____

Accruals Due (completed by Human Resources): _____

Attach a copy of notice of separation to this action notice (i.e. resignation, retirement notice, etc.)

DEPARTMENT AUTHORIZATION:

Recommended for approval:

Signature Date

Human Resources Date

Signature Date

City Manager/Director of Aviation Date