



PERSONNEL/PAYROLL ACTION FORM

Rev. 3/19/2024

Effective Date:

EMPLOYEE INFORMATION

Last Name:		First Name:		MI:	Date of Birth:
Address:		Apt. No.:	City:	State:	Zip Code:
Phone Number:	Gender:		Racial/Ethnic Group:		
Emergency Contact:		Contact Number:	Relationship:		

ACTION REQUEST

Action: _____ Separation Reason: _____ Eligible for Rehire: _____

Comments: _____

CLASSIFICATION INFORMATION

Employee Class: _____ Employee Status: _____

Full-Time Part-Time FTE %: _____

Lunch Code: _____

Previous State Employment: Yes No Agency: _____

JOB INFORMATION	CURRENT STATUS:	CHANGE TO:
Division:		
Department:		
Supervisor Name:		
Position Title:		
Class Code/ Job Code:		
Position Number:		
Monthly Salary:		
Distribution Code:		
Work Flow:		

Employees this position will supervise (if any):

SIGNATURES

SUPERVISOR	DIVISION CHIEF	FINANCE
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HR USE ONLY

Date Received Stamp	Data Entry Completion	COMMENTS:
	Scanned into File Completion	
		Employee ID # _____