



CITY OF CASTROVILLE PERSONNEL ACTION FORM

EMPLOYEE NAME: _____ **EFFECTIVE DATE:** _____
First Name Middle Name Last Name

ADDRESS: _____ **TELEPHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NO.:** _____

EMPLOYMENT ACTION:

- | | | |
|--|--|---|
| <input type="checkbox"/> NEW HIRE | <input type="checkbox"/> PROMOTION | <input type="checkbox"/> COMPLETION OF ORIENTATION PERIOD |
| <input type="checkbox"/> MERIT INCREASE | <input type="checkbox"/> TRANSFER | <input type="checkbox"/> EXTENDED ORIENTATION PERIOD FOR _____ MONTHS |
| <input type="checkbox"/> TITLE CHANGE | <input type="checkbox"/> RETIREMENT | <input type="checkbox"/> RECLASSIFICATION |
| <input type="checkbox"/> PAY REDUCTION | <input type="checkbox"/> DEMOTION | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> VOLUNTARY RESIGNATION | <input type="checkbox"/> INVOLUNTARY RESIGNATION | |
| <input type="checkbox"/> WITH NOTICE | <input type="checkbox"/> REDUCTION IN FORCE/LAYOFF | |
| <input type="checkbox"/> WITHOUT NOTICE | <input type="checkbox"/> DISCHARGED | |

EMPLOYMENT STATUS: REGULAR FULLTIME REGULAR PARTIME TEMPORARY REHIRE

TYPE OF CHANGE(S)	CURRENT/NEW HIRE	NEW
JOB TITLE:	_____	_____
PAY RATE: \$ _____ HOURLY	\$ _____ ANNUALLY	\$ _____ HOURLY \$ _____ ANNUALLY
<input type="checkbox"/> CERTIFICATION \$ ____ /mo.	<input type="checkbox"/> CELL \$ ____ /mo.	<input type="checkbox"/> AUTO \$ ____ /mo. <input type="checkbox"/> WAGE INCREASE \$ ____ / ____ %
DEPARTMENT:	_____	_____
SALARY ACCOUNT CODE:	_____	_____
ALLOWANCE ACCOUNT CODE:	_____	_____

ADDRESS/NAME CHANGE:

NEW NAME: _____ **TELEPHONE NUMBER:** _____

NEW ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

DEPART. DIRECTOR SIGNATURE: _____ **DATE:** _____

HUMAN RESOURCE SIGNATURE: _____ **DATE:** _____

FINANCE SIGNATURE: _____ **DATE:** _____

CITY ADMINISTRATOR: _____ **DATE:** _____