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**PERSONNEL ACTION FORM**

*Please ensure that this form is completed in its entirety, as applicable.*

*This is a fillable form and text may be entered to the right of select options.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Department: | | Effective Date: |
| **CHANGE OF EMPLOYMENT STATUS** | | | |
| NEW POSITION  CHANGE IN POSITION  REACTIVATE | | FULL TIME (30 or more per week)  PART TIME (29 or less per week)  SALARY DATA: $  /HOUR | |
| OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PAY GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **CFD STAFF: CCBC DATABASE**  Transfer from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transfer to:  **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ADD S/P ACCRUAL  ADD/INC VACATION ACCRUAL  REMOVE S/P ACCRUAL  REMOVE/DECLINE VACATION ACCRUAL | | | |
| **REMARKS** | | | |

|  |  |
| --- | --- |
| **SEPARATION** | |
| RESIGN  LETTER OF RESIGNATION **(Please attach to this form)**  LAYOFF  INVOLUNTARY TERMINATION  LETTER OF TERMINATION  NO LONGER AVAILABLE TO SUB | EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CFD STAFF: CCBC DATABASE**  Disconnect from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  VACATION PAYOUT |

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|  | **SIGNATURES** |  | **REMARKS** |
| **EMPLOYEE** |  |  |  |
| **SUPERVISOR** |  |  |  |
| **MANAGER** |  |  |  |
| **DEPT DIRECTOR** |  |  |  |
| **EXEC DIRECTOR** |  |  |  |
| **HR DIRECTOR** |  |  |  |