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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.*

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| --- | --- | --- |
| 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**   |

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| --- |
| **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** |   |  |   |