

# PERSONNEL ACTION NOTICE

**MUST BE COMPLETED:**

**EMPLOYEE:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_

**UNIT: (ORG CODE)**

SAC ADMIN    SAC LEGAL    OAK    LA    SAN DIEGO    PAU    DD/PSA

PSA \_\_\_\_\_    OPR \_\_\_\_\_    OCRA \_\_\_\_\_  
Location   Location   Location

**ACTION:**

New or Re-Hire

**Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_ **Grant/Contract:** \_\_\_\_\_

Address/Telephone Change    Name Change (Requires Documentation)

Extension \_\_\_\_\_ (New End Date)    Termination

Probation End    Step Increase    Longevity Increase    Annual Review

Salary Adjustment    Promotion    Reassignment    Transfer

Change in Reporting Relationship    Commence LOA    Return from LOA

Job Title Chg.    Status Change    Other (See Comments Section)

\_\_\_\_\_  
 Last, First, MI   \_\_\_\_\_ / /  
 Social Security #   Date of Hire

\_\_\_\_\_  
 Address   Phone   \_\_\_\_\_  
 Birth date   (Previous Name)

\_\_\_\_\_  
 City   State   Zip Code   Preferred Name (to be called)

**STATUS/CLASS:**

**Check all that apply:**

Exempt    Long-Term    Non-Exempt    Regular    Short-Term

Temporary    Volunteer    Work-Study    FT    PT \_\_\_\_\_ # of Hours/Wk.

% of FTE: \_\_\_\_\_    Beg. Date: \_\_\_\_\_    End. Date: \_\_\_\_\_  
(Total Hours Divided by 37.5)   If Applicable

(Possible FTE's: 80%=30 hours; 53% = 20 hours; 40% = 15 hours)

**SALARY ACTIONS:**

**CURRENT:**

Rate: \$ \_\_\_\_\_ per: \_\_\_\_\_ Step: \_\_\_\_\_ Scale: \_\_\_\_\_  
Specify Hr./Mo.

**NEW:**

Rate: \$ \_\_\_\_\_ per: \_\_\_\_\_ New Step: \_\_\_\_\_ Scale: \_\_\_\_\_  
Specify Hr./Mo.

Step Increase: \$ \_\_\_\_\_ COLA Increase: \$ \_\_\_\_\_

Checked Benefit Levels (HR Use Only)

**STATUS ACTIONS:**

Reassignment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title Change: From: \_\_\_\_\_ To: \_\_\_\_\_  
Transfer: From: \_\_\_\_\_ To: \_\_\_\_\_  
Status Change: From: \_\_\_\_\_ To: \_\_\_\_\_  
Promotion: From: \_\_\_\_\_ To: \_\_\_\_\_  
Grant Change: From: \_\_\_\_\_ To: \_\_\_\_\_

**LEAVE OF ABSENCE:**

**\*\*LEAVE REQUEST FORM MUST ALSO BE COMPLETED\*\***

Bar Exam  Bereavement  Family  FMLA\*  Jury Duty  Military  
 PDL\*(Maternity)  Personal  TDL\*  Workers Comp.  
 Other \_\_\_\_\_ Beg. Date: \_\_\_\_\_ End. Date: \_\_\_\_\_  
\*FMLA=Family Medical Leave Act; PDL= Pregnancy Disability Leave; TDL=Temporary Disability Leave

**TERMINATION:**

**RESIGNATION**  Exit Interview  
 Other Employment  Personal Reasons  School  Other (See Comments)  
 **INVOLUNTARY** (See Comments) Reason: \_\_\_\_\_

**Currently in Good Standing:**  Yes  No Last Day Worked: \_\_\_\_\_

**COMMENTS:**

(Unusual Circumstances, i.e., leave during probationary period, accommodations for disabilities, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVALS:**

**(Two (2) Signatures Required for Salary or Hiring Actions)**

**Level I Approvals**

Supervisor/Manager/Director: \_\_\_\_\_  
Date: \_\_\_\_\_

**Level II Approvals**

**Either/Or**

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_