

PERSONNEL ACTION REPORT

EFFECTIVE DATE:
EMPLOYEE NAME:
EMPLOYEE NUMBER:

PLEASE ENTER THE CHANGE(S) TO BE MADE IN THE EMPLOYEE'S OFFICIAL RECORD:

	FROM	TO
DEPARTMENT		
DIVISION		
CLASSIFICATION		
SCHEDULE STATUS		
POSITION & POSITION NO.		
FLSA CLASSIFICATION		
SALARY		
GRADE & STEP		

REASON FOR THE CHANGE(S):

<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> JOB RECLASSIFIED
<input type="checkbox"/> REHIRE	<input type="checkbox"/> PROMOTED
Service Reinstated <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DEMOTED
<input type="checkbox"/> COMPLETED ORIENTATION PERIOD	<input type="checkbox"/> TRANSFERRED
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> OTHER – Temp to Reg

EXPLANATION:	
NEXT SALARY REVIEW:	REASON:

AUTHORIZATIONS & ACKNOWLEDGMENTS:

DEPARTMENT HEAD'S SIGNATURE:	DATE:
MAYOR'S SIGNATURE:	DATE:
EMPLOYEE ACKNOWLEDGMENT:	DATE:
ACTION PROCESSED BY:	DATE:

Adjustments for mid-payroll changes:

_____ Hrs @ _____ Rate = _____ Difference

_____ Hrs @ _____ Rate = _____ Difference

_____ TOTAL ADJUSTMENT Form #5, Revised 2/2000