

THE CITY OF NEW YORK Department of Sanitation

REQUEST FOR PERSONNEL ACTION DS 46 (7.16)

FOR PERSONNEL USE ONLY

CONTROL NUMBER

BUREAU	DIVISION	PAY LOCATION	
NAME (LAST)	(FIRST) (MI)	REFERENCE NUMBER	PRESENT STATUS
ADDRESS	<input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> NON-COMP <input type="checkbox"/> OTHER		
PRESENT TITLE / LEVEL	TITLE CODE NUMBER	PRESENT SALARY	

TYPE OF ACTION REQUESTED

<input type="checkbox"/> NEW APPOINTMENT <input type="checkbox"/> PROMOTION <input type="checkbox"/> OTHER	TITLE / LEVEL	TITLE CODE NO.	REQUESTED STATUS
	SALARY REQUESTED	<input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> NON-COMP <input type="checkbox"/> OTHER	
<input type="checkbox"/> MERIT INCREASE	AMOUNT OF INCREASE	PERCENT OF INCREASE	NEW SALARY
<input type="checkbox"/> SEPARATION	REASON FOR SEPARATION	LAST DAY WORKED	SEPARATION DATE (C.O.B.)
<input type="checkbox"/> LEAVE WITHOUT PAY	REASON	FROM	TO

JUSTIFICATION AND / OR REMARKS:

IF APPLICABLE, REPLACEMENT FOR:

TYPE OF SEPARATION:

NAME:

C.O.B. DATE:

TITLE:

SALARY:

INDICATE FUNDING SOURCE: TAX LEVY IFA CD

OTHER REMARKS:

BUREAU HEAD OR DESIGNEE

DATE

FOR BUREAU OF PERSONNEL USE ONLY

T/O CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLANATION		
INCREASE TO PAY-AS-YOU-GO?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AMOUNT
APPOINTMENT DATE	WORK LOCATION	PAYROLL DIST. NO.	BUDGET CODE & LINE NUMBER
REMARKS			
VACANCY NOTICE NUMBER:	EXPIRES:	IF APPLICABLE:	DP 363A: DP 40G: MPD:
DIRECTOR OF PERSONNEL OR DESIGNEE		DATE	