

EVANSVILLE

Request For Personnel Action

Requesting Department: EVANSVILLE FIRE DEPARTMENT		Date of Request: 03/07/2022	
Requesting Official: CHIEF MIKE CONNELLY		Employee Location: 10	
EMPLOYEE DATA			
Employee Name ADLER, DARRYL E.		Marital Status: Married	
Address: 907 N CRAIG AVE		Phone: PRI 812-422-6213	
City, Zip: EVANSVILLE, IN 47720		See	
Email Address: _____			
Position Number: _____		Position Title: LIEUTENANT	
<input type="checkbox"/> Part Time <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Police		Hire Date: 01/03/2006	
Employee Number: 500304		Annual Salary: \$ _____	
Hourly Rate: \$ _____		Direct Supervisor _____	
Primary Time Manager: Chief Larson		Secondary Time Manager: Chief Anslinger	
Shift 1, 2, 3, Admin or Civilian: 3		Hours Scheduled: 07:00 - 07:00	
Days Scheduled: N/A		Lunch Period: N/A	
ACTION REQUESTED			
Record Update <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Phone Number Change <input type="checkbox"/> Other (explain below) _____ _____ _____ _____ _____	Status Change <input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Probation Completed <input type="checkbox"/> Rate Changes <input type="checkbox"/> Demotion <input type="checkbox"/> Suspension <input type="checkbox"/> Payroll Adjustment <input type="checkbox"/> Leave w/o pay <input type="checkbox"/> Other (explain below) _____ \$ _____	Separation <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Death <input type="checkbox"/> Dismissal <input type="checkbox"/> End of Season <input type="checkbox"/> Lay-Off <input type="checkbox"/> Other (explain below) _____	Leave of Absence <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Family & Medical Leave <input type="checkbox"/> FMLA Intermittent <input type="checkbox"/> Extension of Leave <input type="checkbox"/> Returning from Leave <input type="checkbox"/> Other (explain below) _____ Began Leave _____ Began Unpaid _____ Returned _____
Effective Date: _____		Explanation: _____	
Requesting Signature: _____		Date: 03/07/2022	
Personnel Director: _____		Date: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
For Payroll Office Use Only			
Last deduction made on: _____		Deduction resumed on: _____	
Amount of last deduction: _____		Amount of deductions: _____	
Insurance Premium: _____		Insurance Premium: _____	
Unreimbursed Medical: _____		Unreimbursed Medical: _____	
Dependent Care: _____		Depended Care: _____	
Individual Premium: _____		Individual Premium: _____	