

PERSONNEL ACTION

DATE PREPARED _____

NAME OF STAFF MEMBER:	ADDRESS:
NATURE OF ACTION:	EFFECTIVE DATE OF ACTION:
ASSIGN TO: _____ (position title & pay grade)	ACTUAL MONTHLY RATE: \$ _____
TRANSFER FROM: _____ (position title & pay grade)	ACTUAL MONTHLY RATE: \$ _____
SOCIAL SECURITY NUMBER _____ PERCENT OF TIME EMPLOYED _____	BASE MONTHLY SALARY \$ _____ BASE ANNUAL SALARY \$ _____ EXEMPT <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/>

CHECK ELIGIBLE BENEFIT(S):

- ☐ Social Security ☐ Health Insurance ☐ Life Insurance ☐ Accidental Death & Dismemberment Insurance
☐ TIAA-CREF ☐ Dental Insurance ☐ Disability Insurance ☐ Bus/Van Pool/Parking ☐ Flexible Spending Account

REMARKS:

(Route in numerical sequence) 1. SEDL UNIT RECOMMENDING ACTION _____ UNIT BUDGET AUTHORITY	2. PERSONNEL REVIEW _____ HUMAN RESOURCES GENERALIST
3. FISCAL REVIEW _____ VICE PRESIDENT & CFO	4. APPROVAL _____ PRESIDENT & CEO