

# TEMPORARY PERSONNEL ACTION

DATE PREPARED \_\_\_\_\_

NAME OF STAFF MEMBER:	ADDRESS:
NATURE OF ACTION:	EFFECTIVE DATE OF ACTION:
ASSIGN TO: (position title)	HOURLY RATE: \$
SOCIAL SECURITY NUMBER :	PERCENT OF TIME EMPLOYED:

CHECK ELIGIBLE BENEFIT(S):

☐ Social Security  
 ☐ Personal Accident Insurance  
 ☐ Bus/Van Pool/Parking  
 ☐ Accidental Death & Dismemberment Insurance

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