Human Resources Action Form

Employee #:		Effective date:	
Employee name:		Department:	
Actions: (Check all actions that ap New Hire (1 - 14) [14 = Hrly Rate Additional Assignment (1 - 14) Change Status FT/PT or PT/16 Change Location (4 & 8) Change Supervisor (4, 5, 10, 1) Acting Pay Appointment (14) Lateral Transfer (1 - 13) Career Development — EE ke	1] 4) [14 = Hrly Rate] FT (1 - 14) [14 = Hrly Rate] 11) 1 - 15) [14 = Pay Rate] 12: Reps same Position # (5-7)	fer to the information needed for each action.) Increase/Decrease Hours Worked/Pay Plan Change (2, 4, 5, 6, 7) Demotion (1 - 13) Extraordinary Step Increase (7) Suspension (15 & Notes) Accrual Plan Change (2) Leave/Pay Adjustment (14 & Notes) Military Supplement (14 - 15) Shift Change (12)	
Information needed:	Current:	New:	
1. Organization/Department			
2. Accrual Plan			
3. Job Number			
4. Employee Position Number			
5. Position Title/Description			
6. Grade			
7. Step			
8. Location			
9. Assignment Category			
10. Supervisor Name			
11. Supervisor Position Number			
12. Rotation			
13. Earnings Policy			
14. Amount			
15. End date (G_Seasonal required)			
Notes:			
Signatures:			
		Date:	
Agency Representative:		Date:	
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HR Director:		Date:	
HRMS Entry:		Date:	
County Manager:		Date:	
FOR HR OFFICE USE ONLY: New Hires:			
Is this a reinstatement? Please is this a rehire? Is this an emergency hire? Accrual Date Adjustment?	Yes ☐ No Yes ☐ No		

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