

# Human Resources Action Form

Employee #: \_\_\_\_\_

Effective date: \_\_\_\_\_

Employee name: \_\_\_\_\_

Department: \_\_\_\_\_

**Actions:** (Check all actions that apply. The numbers in parentheses refer to the information needed for each action.)

- |   |   |
|---|---|
| <input type="checkbox"/> New Hire (1 - 14) [14 = Hrly Rate]                     | <input type="checkbox"/> Increase/Decrease Hours Worked/Pay Plan Change (2, 6, 7) |
| <input type="checkbox"/> Additional Assignment (1 - 14) [14 = Hrly Rate]        | <input type="checkbox"/> Demotion (1 - 13)  |
| <input type="checkbox"/> Change Status FT/PT or PT/FT (1 - 14) [14 = Hrly Rate] | <input type="checkbox"/> Extraordinary Step Increase (7)                          |
| <input type="checkbox"/> Change Location (4 & 8)                                | <input type="checkbox"/> Suspension (15)  |
| <input type="checkbox"/> Change Supervisor (4, 10, 11)                          | <input type="checkbox"/> Accrual Plan Change (2)                                  |
| <input type="checkbox"/> Acting Pay Appointment (14 - 15) [14 = Pay Rate]       | <input type="checkbox"/> Leave/Pay Adjustment (14 & Notes)                        |
| <input type="checkbox"/> Lateral Transfer (1 - 13)                              | <input type="checkbox"/> Shift Change (12)  |
| <input type="checkbox"/> Career Development – EE keeps same Position # (1-13)   |   |
| <input type="checkbox"/> Promotion – EE goes to a new Position # (1 -13)        |   |

| 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:**

Originated by: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

HR Division Rep: \_\_\_\_\_ Date: \_\_\_\_\_

HR Director: \_\_\_\_\_ Date: \_\_\_\_\_

HRMS/STEP entry: \_\_\_\_\_ Date: \_\_\_\_\_

Audit: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HR OFFICE USE ONLY:**

New Hires:

Is this a reinstatement? Please attach authorization.

Is this a rehire?  Yes  No

Is this an emergency hire?  Yes  No

Accrual Date Adjustment?  Yes  No