| Personnel Action Form   |              |                     |                            |              |   |                   | Employment:                    |                  |  |
|---|--------------|---------------------|----------------------------|--------------|---|-------------------|--------------------------------|------------------|--|
| Complete ONE form per individual transaction.  Form must be filled in on computer or typed.  Name, Department, & Org and Object must be completed for all transactions. |              |                     |                            |              |   |                   | Wage-Salary Ad Termination     | Rehire djustment |  |
| Employee Nun  | nber: #      | 1 FMP               | LOVME                      | NT/PERS      | ONALI   |                   | Other                          |                  |  |
| Name: Last  |              | First               | LOTNE                      | Middle       | Social Sec                                    |                   | Date of Birth                  | Date of Birth    |  |
| Department  |              |                     | Permanent Temporary        |              | e Union /Le                                   |                   | Rate \$ per                    |                  |  |
| Org and Object  |              |                     | ☐ Full Time<br>☐ Part Time |              | ·   |                   | Standard # Hours               |                  |  |
| Address: Street   |              | City                |                            |              | e Zip Code                                    |                   | Home Phone #                   |                  |  |
| Department Head:  |              | CORI Com<br>Date:   | CORI Completed:<br>Date:   |              | For School use only: Fingerprinting completed |                   | Contract Attached              |                  |  |
| 2. V  | VAGE/S       | SALARY A            | ADJUSTI                    | MENT (G      | ive expla                                     | nation            | n in Section                   | <b>1</b> 4)      |  |
| Original Date   |              | Step Dat            |                            |              | New Level/Step                                |                   | New Rate                       |                  |  |
| Effective Dat   | e            | Reason              | Reason                     |              |   |                   |                                |                  |  |
|   |              |                     |                            |              |   |                   |                                |                  |  |
|   |              | TERMINA             | ATION (C                   |              | nation in                                     |                   | •                              |                  |  |
| Last Day Worked Effe  |              | Effective Date      | ctive Date                 |              | Date Hired                                    |                   | Recommended for re-employment: |                  |  |
| Reason:   |              | Resigned            | Fired                      |              | Laid Off                                      |                   | Retired                        | Other            |  |
| SIGNED Nor  | n- Renewal L | etter / Resignation | on Letter Attac            | ched         |   |                   |                                |                  |  |
|   |              |                     |                            | KPLANA T     | TION  |                   |                                |                  |  |
| Detailed Sour   | rce of Funds | for this transact   | ion:                       |              |   |                   |                                |                  |  |
|   |              |                     |                            |              |   |                   |                                |                  |  |
| Other:  |              |                     |                            |              |   |                   |                                |                  |  |
|   |              |                     | 5 CT/                      | GNATUR       | FC  |                   |                                |                  |  |
| 1.Departmen   | t Head       | Date                | 2. Administra              |              | Date  | 3. HR             |                                | Date             |  |
| 4. Accounting   | g Officer    | Date                | 5. Payroll Ad              | min          | Date  |                   | IT Director                    |                  |  |
|   | DO N         | OT WRITE E          | BELOW TH                   | IS LINE – FO | OR ACCOU                                      | UNT USI           | E ONLY                         |                  |  |
| Employee #  | Job Class    | EEOC                | Position #                 | Pay Cycle    | Stdrd Hrs                                     | Pay Code          | FWT Exempt                     | Add'l FWT        |  |
| SWT Exempt  | Add'l SWT    | Tax Stat            | Shift Diff                 | I-9          | Def Contr/Ret                                 | Copies of Payroll |                                | chool            |  |
| DOR   | Health       | Dental              | Life                       | MTRS/NCRS    | OBRA  | 403b              |                                | CIIO01           |  |