

Town of Atlantic Beach PERSONNEL ACTION FORM

EMPLOYEE NAME	DATE PREPARED	STATUS: Regular _____ Temporary _____	Full Time _____ Part Time _____
DEPT.	EMPLOYEE #	DATE EFFECTIVE THURSDAY _____ (Must be beginning of a pay period.)	

INSTRUCTIONS

When completing salary items, use annual salary and hourly rate. ALL INFORMATION REQUESTED MUST BE FILLED OUT COMPLETELY. THIS FORM MUST REACH PERSONNEL AT LEAST ONE WEEK BEFORE A NEW EMPLOYEE IS TO BEGIN WORK.

CHECK ALL APPLICABLE ACTIONS: (*Items need explanation below)

TYPE of ACTION	<input type="checkbox"/> New Appt.	<input type="checkbox"/> Leave of Absence Date _____	<input type="checkbox"/> Reclassification*
	<input type="checkbox"/> Re-Hire	<input type="checkbox"/> Return from Leave Date _____	<input type="checkbox"/> Salary Adjustment*
	<input type="checkbox"/> Promotion	<input type="checkbox"/> Name Change (Attach copy of SS Card)	<input type="checkbox"/> Probationary to Regular
	<input type="checkbox"/> Transfer	<input type="checkbox"/> Address Change	<input type="checkbox"/> Extension of Probationary Period to* Date _____
	<input type="checkbox"/> Demotion	<input type="checkbox"/> Termination Date _____	<input type="checkbox"/> Change in Status (FT/PT) _____ to _____

FROM

CLASSIFICATION TITLE	GRADE/ STEP	ANNUAL SALARY \$	HOURLY SALARY \$
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TO

CLASSIFICATION TITLE	GRADE/ STEP	ANNUAL SALARY \$	HOURLY SALARY \$
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*EXPLANATION/JUSTIFICATION FOR ACTION

NEW ADDRESS

Route OR Street Name

City

Zip Code

Phone Number

APPROVAL:

DEPT. HEAD _____	DATE _____	FINANCE DIR. _____	DATE _____
		TOWN MANAGER _____	DATE _____
		PAYROLL ASST. _____	DATE _____

ROUTING: WHITE/PERSONNEL CANARY/DEPT. FILE PINK/EMPLOYEE