

SID #	Dept	Mail Stop	Date Prepared
Name (last name first)		Supervisor Name (print name) Ext:	
Address (number/street) (city) (state) (ZIP)			Telephone
EMPLOYMENT STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Permanent <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Project <input type="checkbox"/> Probationary _____ <input type="checkbox"/> Trial Service _____		WORK SCHEDULE: <input type="checkbox"/> Overtime Eligible <input type="checkbox"/> Overtime Exempt <input type="checkbox"/> Regular <input type="checkbox"/> Cyclic <input type="checkbox"/> Alternate <input type="checkbox"/> Shift Differential Scheduled Days and Hours:	

ACTION <input type="checkbox"/> New Appointment <input type="checkbox"/> Temporary Assignment <input type="checkbox"/> Budget Coding Change <input type="checkbox"/> Increment <input type="checkbox"/> Reallocation <input type="checkbox"/> Work Schedule Change <input type="checkbox"/> End of Probation/Trial Service <input type="checkbox"/> Promotion <input type="checkbox"/> Termination <input type="checkbox"/> Reassignment <input type="checkbox"/> Transfer <input type="checkbox"/> Other: _____					
EFFECTIVE DATES From To		Increment Date	Classified Hire Date	Termination Date	Hrs/Wk
Classification Title	Code	Range	Step	Monthly Salary	FTE
				\$	
Appr – Prog – Org – Obj - Sub					

REMARKS

 Supervisor/Budget Authority (print name)

 Executive Director, Human Resources Date
 Certifying Payroll Officer

 Supervisor/Budget Authority (signature) Date

 Other Required Signature Date