



Unified Government Human Resources Guide

SUMMER PERSONNEL ACTION NOTICE

Effective 04-01-05

<input type="checkbox"/> APPOINTMENT <input type="checkbox"/> REQUEST FOR EXTENSION <input type="checkbox"/> TRANSFER <input type="checkbox"/> SEPARATION	
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FORM PREPARED BY:	PHONE:	TODAY'S DATE:
DEPARTMENT/DIVISION/SUBDIVISION:		

APPOINTMENT				
NAME:	EMP NO:	SSN:	DATE OF BIRTH:	DATE OF HIRE:
POSITION TITLE:	CLASS CODE:	RG/STP: /	WAGE RATE: \$ /HR	
A.C.D.:				
P.I. #:	EMPLOYEE TYPE:	UNION:	NEW EMPLOYEE: <input type="checkbox"/>	RETURNING EMPLOYEE: <input type="checkbox"/>
WORK LOCATION:	CONTACT PERSON:		PHONE:	

REQUEST FOR EXTENSION		
EFFECTIVE DATES:	THROUGH	FORMER A.C.D.:
		NEW A.C.D.:

TRANSFER	
EFFECTIVE DATE:	FORMER DEPARTMENT/DIVISION:

SEPARATION	
EFFECTIVE DATE:	REASON: <input type="checkbox"/> TEMPORARY ASSIGNMENT <input type="checkbox"/> RETURN TO SCHOOL
OTHER REASON:	

SIGNATURES					
DIV DIR:	DATE:	DEPT DIR:	DATE:		
REVIEWED BY HUMAN RESOURCES:			DATE:		
APPROVED BY ADMINISTRATOR:			DATE:		
LOG:	APPT:	REV.	PAC:	PI:	PF: