

PERSONNEL TRANSACTION FORM

TO: Supervisor of Applications & Records DEPT: Personnel & Civil Service Commission
FROM: _____ DEPT: _____
Director
DATE: _____ OMB: _____ Analyst Initials: _____

REQUESTED PERSONNEL TRANSACTION (Check All That Apply)

New Hire Transfer Full Time
 Rehire Termination Part Time
 Recall Promotion Temporary
 Reinstatement Demotion
 Salary Increment Intern (Unpaid)

EMPLOYEE AND JOB INFORMATION

Employee Name: _____
Address: _____ Zip Code: _____
Job Title: _____ Grade/Step: _____
Dept: _____ Job Code: _____
Bur/Div: _____ *Position No: _____
Salary: _____ Admin No: _____ Location: _____

*PCSC Use Only

SECTION 1: ALL TRANSACTIONS OTHER THAN TERMINATION

NOTE: This form must be received by the Department of Personnel at least two weeks prior to the effective date, which must be the first day of a pay period. The Department of Personnel will notify persons, when applicable, of a New Employee Orientation Session (first day of employment).

- A. Proposed Effective Date: _____
B. Payable Code Account: _____
C. Previously Employed With City: Yes No

SECTION 2: TERMINATION

A. The last day worked is the effective date except for any vacation, personal, comp or sick hours taken (if applicable) between the last day worked and the effective date. The reason for difference (if any) between the effective date and the last day worked must be noted.

1. Effective Date: _____ Last Date Worked: _____
Reason for Difference: _____

B. The number of hours owed must be noted and paid LUMP SUM.

1. Vacation Hrs: _____ 2. Personal Hrs: _____ 3. Comp Hrs: _____
Reason: _____

SECTION 3: DEPARTMENTAL CONTACT PERSON

Name: _____ Extension: _____

FOR DEPARTMENT OF PERSONNEL & CIVIL SERVICE COMMISSION USE ONLY

PSID: _____ Union/Subunit Code: _____
Pay Policy: _____ Union/Seniority Date: _____
Orientation Date: _____ Lottery: Yes _____ No _____
Benefit Code: _____ Union Dues Code: _____