Arizona State Personnel System
PERSONNEL ACTION FORM

Agency Code		Process Level		Dept.		User Level		EIN		SSN (New Employee Only)		Effective Date	

EMPLOYEE INFORMATION

Employee's Full Name (Last, First, MI) _____ Preferred Name (if different) _____

Personal Mailing Address _____ City _____ State _____ County _____ Zip Code _____

Work Telephone/ Extension _____ Work E-Mail _____

ACTION TO BE TAKEN (select all that apply)

☐ **NEW HIRE/REHIRE***
- ☐ Covered
- ☐ Uncovered
- ☐ Political Appointee (PA)
- ☐ Regular
- ☐ Temporary
- ☐ Return Retiree*
- ☐ Paid Intern
- ☐ WITH BENEFITS
  - ☐ Health ☐ Retirement ☐ Leave Accruals
- ☐ WITHOUT BENEFITS
- ☐ BOARD MEMBER
  - ☐ Compensated
  - ☐ Non-Compensated

☐ **SPECIAL ASSIGNMENT***

☐ **JOB CHANGE**
- ☐ Transfer From (Agency) _____
- ☐ Transfer Within Agency
- ☐ Demotion
  - ☐ Voluntary ☐ Involuntary
- ☐ Promotion*
- ☐ Reversion (Covered Only*)
- ☐ PA to Non-PA
- ☐ Non-PA to PA
- ☐ RIF Job Change*

☐ **CHANGES TO POSITION**
- ☐ Funding/Labor Distribution
- ☐ Supervisor Code/Link
- ☐ Process Level/Dept./Check Locator

☐ **STATUS CHANGE**
- ☐ Covered to Uncovered
- ☐ FTE Change
- ☐ PA to Non-PA
- ☐ Non-PA to PA
- ☐ FLSA Exempt to FLSA Non-Exempt
- ☐ FLSA Non-Exempt to FLSA Exempt

☐ **SALARY ADJUSTMENT***
- ☐ Base Pay
- ☐ Variable Pay
- ☐ Special Assignment

☐ **WORK SCHEDULE CHANGE**

☐ **PERSONAL INFORMATION CHANGE**

☐ **OTHER (EXPLAIN IN COMMENTS)**

TERMINATION/AGENCY TRANSFER

☐ Resignation ☐ Retirement ☐ Expiration of Appointment ☐ RIF / Layoff ☐ Dismissal ☐ Transfer To _____ ☐ Death

POSITION INFORMATION

Job Code _____ Position Number _____ Position Title _____ FLSA ☐ Exempt ☐ Non-Exempt Grade _____

Old Base Rate _____ New Base Rate _____ Variable Pay _____ Special Assgn. Pay _____

WORK SCHEDULE/FTE

Work Schedule

HRS. _____ / DAYS _____ / WEEK

☐ FLEX

☐ ETE Participant ☐ Yes ☐ No

Work Schedule

Week 1	☐ S	☐ S	☐ M	☐ T	☐ W	☐ T	☐ F
Week 2	☐ S	☐ S	☐ M	☐ T	☐ W	☐ T	☐ F

Employee FTE
- ☐ Full Time (1.00)
- ☐ 3/4 Time (.75)
- ☐ 1/2 Time (.50)
- ☐ 1/4 Time (.25)

Shift/Differential
- ☐ 1st / None
- ☐ 2nd / 5%
- ☐ 3rd / 10%

SUPERVISOR CODES/LINKS FOR POSITION (Attach organizational chart if new codes are required)

SUPERVISOR CODE FOR THIS POSITION _____ WILL THIS POSITION SUPERVISE ☐ Yes ☐ No Existing Link _____

Supervisor Code means this position's supervisor

Supervisor link means this position is a supervisor

List EINs of all employees reporting DIRECTLY to this position _____

POSITION LABOR DISTRIBUTION (Must total 100%; use comment or attach additional sheets if required)

Pct	Acctg. Unit	FY	Pct	Acctg. Unit	FY

COMMENTS

Name _____ Signature _____ Director's Signature _____ Date _____

ALL CAPS INDICATES A REQUIRED FIELD

****ATTACH REQUIRED DOCUMENTATION FOR THESE ACTIONS***