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***