



**CITY OF CASTROVILLE  
PERSONNEL ACTION FORM**

<b>EMPLOYEE NAME:</b> _____ First Name    Middle Name    Last Name	<b>EFFECTIVE DATE:</b> _____	
<b>ADDRESS:</b> _____	<b>TELEPHONE:</b> _____	
<b>CITY:</b> _____	<b>STATE:</b> _____ <b>ZIP:</b> _____	
<b>DATE OF BIRTH:</b> _____	<b>SOCIAL SECURITY NO.:</b> _____	
<b>EMPLOYMENT ACTION:</b>		
<input type="checkbox"/> NEW HIRE <input type="checkbox"/> PROMOTION <input type="checkbox"/> COMPLETION OF ORIENTATION PERIOD		
<input type="checkbox"/> MERIT INCREASE <input type="checkbox"/> TRANSFER <input type="checkbox"/> EXTENDED ORIENTATION PERIOD FOR _____ MONTHS		
<input type="checkbox"/> TITLE CHANGE <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RECLASSIFICATION		
<input type="checkbox"/> PAY REDUCTION <input type="checkbox"/> DEMOTION <input type="checkbox"/> OTHER: _____		
<input type="checkbox"/> VOLUNTARY RESIGNATION <input type="checkbox"/> INVOLUNTARY RESIGNATION		
<input type="checkbox"/> WITH NOTICE <input type="checkbox"/> REDUCTION IN FORCE/LAYOFF		
<input type="checkbox"/> WITHOUT NOTICE <input type="checkbox"/> DISCHARGED		
<b>EMPLOYMENT STATUS:</b> <input type="checkbox"/> <b>REGULAR FULLTIME</b> <input type="checkbox"/> <b>REGULAR PARTIME</b> <input type="checkbox"/> <b>TEMPORARY</b> <input type="checkbox"/> <b>REHIRE</b>		
<b>TYPE OF CHANGE(S)</b>	<b>CURRENT/NEW HIRE</b>	<b>NEW</b>
JOB TITLE: _____	_____	
PAY RATE: \$ _____ HOURLY	\$ _____ ANNUALLY	\$ _____ HOURLY      \$ _____ ANNUALLY
<input type="checkbox"/> CERTIFICATION \$ _____ /mo. <input type="checkbox"/> CELL \$ _____ /mo. <input type="checkbox"/> AUTO \$ _____ /mo. <input type="checkbox"/> WAGE INCREASE \$ _____ / _____ %		
DEPARTMENT: _____	_____	
SALARY ACCOUNT CODE: _____	_____	
ALLOWANCE ACCOUNT CODE: _____	_____	
<b>ADDRESS/NAME CHANGE:</b>		
NEW NAME: _____	TELEPHONE NUMBER: _____	
NEW ADDRESS: _____	CITY: _____	
STATE: _____	ZIP: _____	
<b>EMPLOYEE SIGNATURE:</b> _____		<b>DATE:</b> _____
<b>DEPART. DIRECTOR SIGNATURE:</b> _____		<b>DATE:</b> _____
<b>HUMAN RESOURCE SIGNATURE:</b> _____		<b>DATE:</b> _____
<b>FINANCE SIGNATURE:</b> _____		<b>DATE:</b> _____
<b>CITY ADMINISTRATOR:</b> _____		<b>DATE:</b> _____