REQUEST FOR PERSONNEL/PAYROLL ACTION

(FORM CA97/03)

>ACTION REQUESTED<

New Hire	Benefit Change	Term/Resignation/Dismissal	Other Specify:

EFFECTIVE DATE OF ACTION:

EMPLOYEE NAME:

POSITION/TITLE:

DEPARTMENT: **SUPERVISOR:**

EXECUTIVE DIRECTOR:

EMPLOYMENT STATUS: ( ) **EXEMPT** (salary) ( ) **NON-EXEMPT** (hourly)

1.) Temporary NTE:	2.) On-Call	3.) Permanent Full-Time	4.) Permanent Part-Time	5.) Other

PROBATION PERIOD: Yes No

DATE: From To:

EVALUATION STATUS: Satisfactory Unsatisfactory

If unsatisfactory extend probation to (can only be for 30 additional days):
Or terminate if unsatisfactory and attach documentation, letter of termination stating reasons,
Attach Exit Interview/Clearance of Property form, OR demote employee.

HOURLY PAY RATE: **PROGRAM FUND ACCOUNT:**

<POSITION/PAY CHANGE>

FROM (TITLE): **TO (TITLE):**

SALARY CHANGE	**FROM:**	**TO:**	**NO CHANGE**

<FUND ACCOUNT CHANGE>

FROM (Program/Contract): **TO** (Program/Contract):

<SPECIAL REMARKS/COMMENTS>

PROGRAM DIRECTOR SIGNATURE: **DATE:**

ACCOUNTANT APPROVAL: _____

Your accountant must initial before returning form into Personnel Office

1. This form must be completed for every employee regarding changes in status, pay and funding.
2. Attach memorandum along with paperwork, i.e., new hire packet, evaluation, exit form, budgets, etc.
3. Failure to complete this form correctly or have correct paperwork attached, will delay processing and/or return of this form to you. **NO EXCEPTIONS**.

URINALYSIS CONFIRMATION N/A_____

Employable: _____ Unemployable (6 mo. Waiting period): _____ Date: _____