PERSONNEL ACTION/CHANGE FORM
COUNTY

Personal Information

Effective Date

Action + Action Reason

PCN

First Name

Last Name

EIN

Position

Department

Unit #

Std Work Day Hrs

Sun M T W Th F Sat

Reports To

EIN

PCN

Program PPC – G L String

Supervisor Change

EIN

PCN

Location

Note: Must fill in Supervisor Change for any reporting structure change.

Person Type

Employee Class

Exempt

Non-Exempt

Type of Employee Exempt/ Time Entry

Type of Employee Non-Exempt/ Time Entry

Compensation

Compensation Rate

Pay Rule

Y N

SAP Partial Hours

SAP Amount

Type of Additional Pay

Additional Pay Hourly Rate

Additional Pay End Date

Other Information

Anniversary Date

Probation Start Date

Probation End Date

Probation Type

Last Day Worked

Termination Date

Retirement Date

Retirement Plan

Comments:

Signatures and Approvals

Prepared By: Phone No.: Date:

Approved By: Date:

HR Review By: Date:

County Administrator: (When Required) Date:

When completed, please print and collect all signatures required for approval, then scan to HR.Records@pima.gov

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