PERSONNEL ACTION/CHANGE FORM
COUNTY

Personal Information

Effective Date | Action + Action Reason | PCN

First Name | Last Name | EIN | Position Title

Position

Department | Unit # | Job Code | Job Title | Std. Work Week Hrs.

Program PPC – G L String | Reports To | EIN | PCN

Location | Supervisor Change | EIN | PCN

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

Person Type

Employee Class | ☐ Exempt | ☐ Non-Exempt | ☐ Supervisor

Union Eligibility | 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

Salary Grade | Type of Additional Pay | Additional Pay Hourly Rate | Additional Pay End Date

Other Information

Hire date | Anniversary Date | Probation Start Date | Probation End Date | Probation Type

Last Day Worked | Termination Date | Retirement Date | Retirement Plan | ☐ Y ☐ N Return To Work

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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