**City of Madison**

**PERSONNEL ACTION FORM**

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| **Employee Name:** |  | **Dept:** |  |
| **Address:** |  |
| **City:** |  | **State:** |  | **Zip Code** |  |
| **Phone Number:** |  | **Date of Birth:** |  |  |
| **Sex:** | **[ ]  Male** **[ ]  Female** | **Race Code:** |  |  |

**TAKE THE FOLLOWING ACTION:**

|  |  |  |  |  |
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| **[ ]  New Hire** | Start Date:  |       | Class Title: |       |
| **[ ]  Rehire** | Class #: |       | Position #: |       |
| **[ ]  FTE** | **[ ]  HRLY** | Pay Rate: |       | FTE %: |       |
| **[ ]  LTE** | **[ ]  PPT** | Payroll Distr. Acct. # |       |
|  | LTE End Date: |  |
|  | Supervisor: |       |

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| **[ ]  Promotion** | Start Date:  |       | New Class Title: |       |
| **[ ]  Demotion** | Class #: |       | Position #: |       |
| **[ ]  Lateral Transfer** | Pay Rate: |       | FTE %: |  |  |       |
|  | Payroll Distr. Acct. # |       |
|  | Supervisor: |       |

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| **[ ]  Reinstate** | Start Date: |       | Payroll Dist. Acct #: |  |
|  | Supervisor: |       |

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| **[ ]  Leave of Absence** | Effective Date: |       | Leave Code: |  |
| **[ ]  Return from Leave** |

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| **[ ]  Termination** | End Date: |       | Termination Code: |  |

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| **[ ]  Reclass** | Start Date:  |       | New Class Title: |       |
|  | Class #: |       | Position #: |       |
|  | Pay Rate: |       | FTE % |  |  |       |
|  | Payroll Distr. Acct. # |       |
|  | Previous Class Title:  |       |
|  | Previous Class #: |       | Previous Position #: |       |
|  | Previous Pay Rate: |       | FTE % |  |  |       |

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| **[ ]  Recertification** | Effective Date: |       | New Benefit FTE %: |  |