

KETCHIKAN GATEWAY BOROUGH PERSONNEL ACTION FORM

EMPLOYEE NAME _____
LAST FIRST MIDDLE

EMPLOYEE NUMBER _____ EFFECTIVE DATE _____

TYPE OF ACTION

FILL IN APPROPRIATE COLUMNS, AS INDICATED, BY EACH TYPE OF ACTION

APPOINTMENT (2,4,6,8,10) PROMOTION OR TRANSFER (1,2,3,4,5,6,7,8,10,12) SALARY CHANGE (1,2,3,4,5,6,10,12)
 TERMINATION (1,3,5,9,10,11,12,13) LEAVE WITHOUT PAY (2,4,6,9,10,14) OTHER (COMPLETE WHERE APPROPRIATE AND DESCRIBE BELOW)

From				To			
DEPARTMENT 1				DEPARTMENT 2			
CLASSIFICATION TITLE 3				CLASSIFICATION TITLE 4			
DATE OF LAST RATE CHANGE		PAY GRADE		PAY GRADE		MONTHLY SALARY (OR HOURLY)	
5				6			
STATUS OF POSITION 7				STATUS OF POSITION 8			
REGULAR		UNION		REGULAR		UNION	
PROBATIONARY		FULL TIME		PROBATIONARY		FULL TIME	
TEMPORARY		PART TIME		TEMPORARY		PART TIME	
		NON-UNION				NON-UNION	
		EXEMPT				EXEMPT	
		NON-EXEMPT				NON-EXEMPT	
RESIGNATION				RETIREMENT		DECEASED	
9				10		10	
DISMISSAL				DISABILITY RETIREMENT		LAYOFF	
LEAVE W/O PAY				OTHER		END TEMP WORK	
EMPLOYEES ADDRESS				SSN			
				ON FILE			
DATE OF LAST WORKING DAY		DATE OF HIRE		EMPLOYEES' SERVICES			
11				12			
				OUTSTANDING		ABOVE AVERAGE	
				DEVELOPMENT NEEDED		UNSATISFACTORY	
EQUIPMENT CHECKED IN?		ADDRESS TO APPEAR ON W2 FORM		LEAVE W/O PAY START DATE		RETURN DATE	LENGTH OF LWOP
13				14			
YES							
NO							

REMARKS

APPROVAL

 DATE IMMEDIATE SUPERVISOR DATE FINANCE DIRECTOR

 DATE DEPARTMENT HEAD DATE HUMAN RESOURCES

FORM DISTRIBUTION

PERSONNEL FILE PAYROLL DEPARTMENT HEAD EMPLOYEE SCANNED