



PERSONNEL ACTION NOTICE FORM

Revised: 01/21/2022

Employee # _____

Date: _____ Department #: _____ Location in Dept: _____ Direct Manager: _____

Name: (Last, First M): _____ Sex (M or F): _____ Date of Birth: _____

Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

Phone #: _____

Effective Date: _____ Employment Date: _____

Position Information

Grade: _____ Min Salary: _____ Max Salary: _____

\$40,000.00 Rule

Does this position fall into the \$40,000.00 Rule? _____
 Will you be refilling the position? _____
*If **yes** to all of the above complete PAN & PRF.
 Follow Administrative Directive 2022-00001.*

TYPE OF ACTION				TYPE OF CHANGE				DIRECTIVE			
New Hire	<input type="checkbox"/>	Return from Layoff	<input type="checkbox"/>	Salary Change	<input type="checkbox"/>	<i>ATTACH RESIGNATION LETTER, REQUEST FOR LOA, OR TERMINATION DOCUMENT TO THIS PAN. THIS INCLUDES COUNSELING STATEMENTS FOR ALL TERMINATIONS.</i>					
Transfer	<input type="checkbox"/>	Rehire	<input type="checkbox"/>	Grade/Step	<input type="checkbox"/>						
Resignation	<input type="checkbox"/>	Promotion	<input type="checkbox"/>	Job Title	<input type="checkbox"/>						
Termination	<input type="checkbox"/>	Layoff	<input type="checkbox"/>	Department	<input type="checkbox"/>						
LOA	<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Status	<input type="checkbox"/>						
Return from LOA	<input type="checkbox"/>										

	Status (FT/PT/TEMP)	Job Title	Grade & Step	Rate of Pay	% Of Increase	Exempt / Non-Exempt	Date of Review	Review Rating	Salary Change Code	Effective Date
New										
Current										

Reason / Remarks:

Employee Signature: _____ Date: _____ Director/Manager: _____ Date: _____

TERMINATION CODES		SALARY CHANGE CODES		REVIEW RATINGS	
14B - Other Employment	14 N- Deceased	B - Below min. market adj.	X - Excellent		
14C - Comp./Benefits	14O - Retirement	D - Decrease	E - Exceed Standards		
14D - Health	24B - Unsatisfactory Performance	H - Shift Change	M - Meets standards		
14E - Personal	24C - Attendance/Tardiness	J - Job Change	B - Below Standards		
14F - Family	24D - Dishonesty	M - Merit	U - Unsatisfactory		
14G - Relocation	24E - Insubordination	N - New Hire			
14H - Return to school	24F - Failure to comply with policy	O - Organizational Change			
14I - Hours/Shift	24G - Misconduct	P - Promotion			
14J - Conflict	24H - Abandoned job	X - Other			
14K - Failure to return from LOA	24I - Lay-off				
14L - Temporary/Casual	24J- Other				

TERMINATION / LAY-OFF / LEAVE OF ABSENCE

LEAVE TYPE: <i>BELOW</i>	Term Code:	Term. Date:	Rehire:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vacation Payout:
MILITARY	FMLA	LOA Extension	Begin Date:	Return Date:	Number of days:

HR use only:

HR – Processed by: _____ Checked by: _____

CAO Signature / Approval

HR Manager Approval