CITY OF YREKA
PERSONNEL ACTION FORM

PLEASE COMPLETE FORM IN INK.

Employee Last Name	First Name	Employee #

EMPLOYEE PORTION

NEW HIRE

Mailing Address_____ Phone(_____)_____-_____

Date of Birth ____/____/_____ SS # _____-_____-_____

DL Number/State _____ Exp Date____/____/_____

PAYROLL ONLY

Dept. # _____

Position # _____

Documentation:

Yes ___ No___

EXISTING EMPLOYEE CHANGE(S) **EFFECTIVE DATE** ____/____/_____

- ☐ Change in Tax Exemptions (Attach new W-4)
- ☐ Marital Status: Single / Married / Divorced / Widowed
- ☐ Dependents: Add / Delete Name(s)/Relationship _____
- ☐ Address / Phone Change _____

Additional Notes/Comments: _____

APPROVAL: Employee _____ Date _____

ADMINISTRATIVE PORTION

NEW HIRE **EFFECTIVE DATE** ____/____/_____

Dept. _____ Position _____ Range _____ Step ____ Benefits: Y/N

Status: Regular / Part-Time / Temporary If Temporary: Under ___ or Over___ 6 months

Hrs. per Wk: 40 __ less than 20 __ other _____ Salary $_____/mo Part-Time $_____/hr

PAY CHANGES **EFFECTIVE DATE** ____/____/_____

Type of Change: Pay Rate/Postion/Title/Step From:_____ To:_____

Rate of Pay From: $_____ To: $ _____ Per Hour / Week / Month / Year

Additional Notes/Comments: _____

LEAVES (Requires Documentation) **From:** ____/____/_____ **To:** ____/____/_____

- ☐ Military ☐ Maternity ☐ Suspension
- ☐ Medical ☐ FMLA ☐ Other _____

Additional Notes/Comments: _____

TERMINATION OF EMPLOYMENT **EFFECTIVE DATE** ____/____/_____

- ☐ Quit with Notice ☐ Quit without Notice ☐ Laid Off
- ☐ Terminated ☐ Retired ☐ End of Assignment

Eligible for Rehire: Y/N Notes / Comments: _____

APPROVAL:

Department Head _____ Date_____ Director

Finance Director _____ Date_____ Budget Review

City Manager _____ Date_____ Authorized

IT EMPLOYEE SET-UP/TERMINATIONS

GENERAL EMPLOYEE INFORMATION (ALL REQUESTS)

REQUEST DATE: ___/___/___

Request Reason: ☐ New Employee ☐ Termination

Employee Status: ☐ Full Time ☐ Part Time

Employee Last Name: _____

Employee First Name: _____

Employee ID #: _____

EMAIL AND SECURITY SET-UP (NEW EMPLOYEES)

Date ACME "New Employee" Ticket Submitted: ___/___/___

Mirror security settings like: _____

Email Address: _____ @ci.yreka.ca.us
(First initial followed by last name, all lowercase)

Any additional security settings/requests:

_____

_____

_____

INITIAL WHEN SET-UP IS COMPLETE: _____

CELL PHONE/NETBOOK/TABLET REQUEST

The following devices have been requested for the above employee:

☐ Cell Phone ☐ Tablet ☐ Notebook ☐ Other (Describe)

Request Details: _____

_____

_____

FUEL AUTHORIZATION REQUEST (NEW AND TERMINATED EMPLOYEES)

t Emailed to Fleet Management: ___/___/___

Requested Action: ☐ Authorize the above FuelMaster User ☐ Terminate the above FuelMaster User

INITIAL WHEN ACTION COMPLETED: _____