



# COASTAL ANIMAL SERVICES AUTHORITY PERSONNEL ACTION

 NEW  
 CHANGE

EMPLOYEE  
NUMBER

EFFECTIVE  
DATE

LAST NAME	FIRST NAME	SUPERVISOR (NAME AND TITLE)
DEPARTMENT		DIVISION

### FOR NEW EMPLOYEES

FULL ADDRESS (STREET ADDRESS, CITY, STATE & ZIP CODE)			PERSONAL EMAIL ADDRESS	
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	BIRTH DATE	MARITAL STATUS	GENDER

### ACTION

<b>REASON:</b> <input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> REHIRE <input type="checkbox"/> DEATH <input type="checkbox"/> VOLUNTARY DEMOTION <input type="checkbox"/> INVOLUNTARY DEMOTION <input type="checkbox"/> MULTIPLE CLASSIFICATION <input type="checkbox"/> ELECTED/APPOINTED <input type="checkbox"/> ADMINISTRATIVE LEAVE <input type="checkbox"/> LEAVE W/O PAY <input type="checkbox"/> SPECIAL ASSIGNMENT			<input type="checkbox"/> MERIT INCREASE <input type="checkbox"/> ACTING <input type="checkbox"/> PROMOTION <input type="checkbox"/> FLEXIBLE STAFFING RECLASSIFICATION <input type="checkbox"/> RECLASSIFICATION <input type="checkbox"/> REGRADE <input type="checkbox"/> RESIGNATION <input type="checkbox"/> PROBATIONARY DISCHARGE <input type="checkbox"/> DISCHARGE <input type="checkbox"/> TITLE CHANGE			<input type="checkbox"/> RETIREMENT <input type="checkbox"/> SALARY ADJUSTMENT <input type="checkbox"/> STATUS CHANGE <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TERMINATION <input type="checkbox"/> TERM EXPIRED/ NOT RE-ELECTED/ NOT RE-APPOINTED <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER (EXPLAIN) _____			<b>STATUS:</b> <input type="checkbox"/> PROBATIONARY (At-will) <input type="checkbox"/> PROVISIONAL (At-will) <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY FULL TIME (At-will) <input type="checkbox"/> ELECTED/APPOINTED <input type="checkbox"/> ACTING (At-will) <input type="checkbox"/> PART TIME - HOURLY (< than 960 hours/fiscal year) (At-will) <input type="checkbox"/> BENEFITED PART TIME: 20 - 29 HRS/WK (At-will) <input type="checkbox"/> BENEFITED PART TIME: 30 - 39 HRS/WK (At-will) <input type="checkbox"/> LIMITED-TERM (At-will) <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> Probationary <input type="checkbox"/> At-will <input type="checkbox"/> EXECUTIVE (At-will)		
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PRESENT CLASSIFICATION	RANGE	STEP	MONTHLY RATE	HOURLY RATE
PROPOSED CLASSIFICATION	RANGE	STEP	MONTHLY RATE	HOURLY RATE

### BUDGET (Fill in the Salary Account Only)

SALARY ACCOUNT NUMBER(S):	POSITION NUMBER	WC CODE	EE0-4 CODE
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### COMMENTS (Attach Additional Sheet If Necessary)

### SIGNATURES

1. EMPLOYEE SIGNATURE  _____ Date _____	2. HUMAN RESOURCES MANAGER SIGNATURE  _____ Date _____
3. CASA GENERAL MANAGER SIGNATURE  _____ Date _____	

### HUMAN RESOURCES USE ONLY

EDEN RECORD	E-USER	MEP ENTRY	COPY PAYROLL	CalPERS ENROLL	E-VERIFY	ICMA PTS ENROLL
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