CITY OF SAN CLEMENTE **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

REASON:

☐ NEW EMPLOYEE
☐ REHIRE
☐ DEATH
☐ VOLUNTARY DEMOTION
☐ INVOLUNTARY DEMOTION
☐ MULTIPLE CLASSIFICATION
☐ ELECTED/APPOINTED
☐ ADMINISTRATIVE LEAVE
☐ LEAVE W/O PAY
☐ SPECIAL ASSIGNMENT

☐ MERIT INCREASE
☐ ACTING
☐ PROMOTION
☐ FLEXIBLE STAFFING RECLASSIFICATION
☐ RECLASSIFICATION
☐ REGRADE
☐ RESIGNATION
☐ PROBATIONARY DISCHARGE
☐ DISCHARGE
☐ TITLE CHANGE

☐ RETIREMENT
☐ SALARY ADJUSTMENT
☐ STATUS CHANGE
☐ SUSPENSION
☐ TERMINATION
☐ TERM EXPIRED/ NOT RE-ELECTED/ NOT RE-APPOINTED
☐ TRANSFER
☐ OTHER (EXPLAIN) _____

STATUS:

☐ PROBATIONARY (At-will)   ☐ PROVISIONAL (At-will)
☐ REGULAR
☐ TEMPORARY FULL TIME (At-will)
☐ ELECTED/APPOINTED
☐ ACTING (At-will)
☐ PART TIME - HOURLY (< than 960 hours/fiscal year) (At-will)
☐ BENEFITED PART TIME: 20 - 29 HRS/WK (At-will)
☐ BENEFITED PART TIME: 30 - 39 HRS/WK (At-will)
☐ LIMITED-TERM (At-will)
☐ MANAGEMENT   ☐ Probationary   ☐ At-will
☐ EXECUTIVE (At-will)

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

COMMENTS (Attach Additional Sheet If Necessary)

SIGNATURES

1. EMPLOYEE SIGNATURE	2. HUMAN RESOURCES MANAGER SIGNATURE
_____ Date	_____ Date
3. DEPARTMENT HEAD SIGNATURE	4. CITY MANAGER SIGNATURE
_____ Date	_____ Date

HUMAN RESOURCES USE ONLY

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

3/26/2019