

City of Palm Springs
PERSONNEL ACTION FORM

Employee #	Last Name	First Name	Effective Date

ACTION	
Appointment:	Probation:
Separation:	Other:

FROM	TO
Dept/Division:	Dept/Division:
Account #:	Account #:
Job Title:	Job Title:
Position #: Dept. #:	Position #: Dept. #:
Supervisor:	Supervisor:
Base Salary:	Base Salary:
..... / / / / / / / / / /
<i>Unit Range Step Hourly Monthly Annual</i>	<i>Unit Range Step Hourly Monthly Annual</i>
Special Compensation:	Special Compensation:
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

ACTING PAY/POSITION DETAILS	OTHER PAY
<input type="checkbox"/> Acting out of class: Begin: End: Differential: \$ /hr	<input type="checkbox"/>
<input type="checkbox"/> Extend Acting Pay: Initial End Date: New End Date:	<input type="checkbox"/>
<input type="checkbox"/> Evaluation attached <input type="checkbox"/> Evaluation to follow (explain in comments)	<input type="checkbox"/>
<input type="checkbox"/> Anniversary date: <input type="checkbox"/> Service date:	<input type="checkbox"/>

COMMENTS Prepared by (Print Name) Date
	APPROVAL
 Department Head Date
 Director of Human Resources Date
 City Manager Date

FOR HR USE ONLY	
Input HR:	Date:
Input PC:	Date:
Audit:	Date: