



PREPARED BY: _____
DATE: _____

CITY OF VALLEJO

Personnel Action Request (PAR)

EMPLOYEE STATUS CHANGE Form

EMPLOYEE INFORMATION

Employee Name: _____ **Employee #:** _____

STATUS CHANGE

Change Type: Effective Date: Next **Effective Date:** _____ **Next Step Increase:** _____

POSITION FROM:	POSITION TO:
Authorized Position: _____	Authorized Position: _____
Actual Position: _____	Actual Position: _____
Status: _____	Status: _____
Department/ Division: _____	Department/ Division: _____
Class Code: _____ Range/Step: _____	Class Code: _____ Range/Step: _____
Old Annual Rate: _____ Hourly: _____	New Annual Rate: _____ Hourly: _____
Hourly or Salaried: _____	Hourly or Salaried: _____
Old Account #: _____	New Account #: _____
Secondary Account #: _____	Secondary Account #: _____
Work Schedule: _____	Work Schedule: _____
Location: _____	Location: _____
Bargaining Unit: _____	Bargaining Unit: _____
Supervisor: _____	Supervisor: _____

HR USE ONLY Requisition #: _____ Under-fill? EEOC Category/Function: _____ Authorization #: _____

TERMINATION

Termination Type: _____ **Last Day on Payroll:** _____

ADDITIONAL COMMENTS

Additional Comments: _____

ORIGINATING DEPARTMENT

Signature Name Title Date

HUMAN RESOURCES DEPARTMENT

Signature Name Title Date

FINANCE DEPARTMENT

Signature Name Title Date

HUMAN RESOURCES USE ONLY

Reviewed By: _____ Date: _____

Date Forwarded to Finance: _____ PPE: _____

FINANCE USE ONLY

Processed By: _____

Date: _____ PPE: _____ PR#: _____