



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
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#### HUMAN RESOURCES DEPARTMENT

Signature	Name	Title	Date
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#### FINANCE DEPARTMENT

Signature	Name	Title	Date
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**HUMAN RESOURCES USE ONLY**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Forwarded to Finance: \_\_\_\_\_ PPE: \_\_\_\_\_

**FINANCE USE ONLY**

Processed By: \_\_\_\_\_  
Date: \_\_\_\_\_ PPE: \_\_\_\_\_ PR#: \_\_\_\_\_