

Action
 Change New Hire

City of Fairfield Personnel Action Form

Date

Employee Data

| | | | |
|---|---|---|---|
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Employee # | Last Name | First Name | MI |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| SSN | DOB (MM/DD/YY) | Home/Cell Phone # | Address (Street, City, ZIP Code) |
| Marital Status | <input type="radio"/> Single | <input type="radio"/> Married | <input type="radio"/> Domestic Partner |
| Gender | <input type="radio"/> Male | <input type="radio"/> Female | <input type="radio"/> Non-Binary |

Employment Dates

| | | |
|---|--|---|
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Hire Date | Service Date (for prior service reciprocity, if applicable) | Termination Date |

Salary or Job Class Change

| | | | |
|---|---|---|---|
| Current Job Class Title | Pos. Control # (PCN) | Proposed Job Class Title | Pos. Control # (PCN) |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Job Class Code | Step | Job Class Code | Step |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Allocation Information

| Org Code | Project Code | Dist. % |
|---|---|---|
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

Please list any additional allocations on a separate sheet.

| | | |
|------------------------------|-----------------------|---|
| Explanation of Action | Effective Date | <input style="width: 100%;" type="text"/> |
| | | |

Direct Supervisor for Evaluation Purposes

| | | | |
|-----------------|------|--|------|
| Department Head | Date | City Manager/Authorized Representative | Date |
|-----------------|------|--|------|