City of Show Low
Personnel Action

Employee Information

☐ New Hire ☐ Change ☐ Benefits ☐ Separation

Effective Date: _____

Name: _____ Employee #: _____

Department: _____ Position: _____

Personnel Status Change

☐ Title/Position: **From**_____ **To:**_____	
Position: ☐ New ☐ Vacancy Replacing _____	
☐ Status (check all that apply) ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐Other _____	
☐ Salary Rate**:** From: /hour /year	To: /hour /year
☐ Classification: From: ☐ Exempt ☐ Non- Exempt	To: ☐ Exempt ☐ Non- Exempt

PTO Payout / Donation (Use PTO Request form for time off)

Leave Description	Action Requested				Donation Information
	Comments	Hours	Please check one box only		Employee Name for Donation
☐ PTO			☐ Payout	☐ Donation	

Benefit / Deduction Action (check the benefit/deduction action is to be taken on)

☐ 125 Plan*	☐ 457 Deferred Comp	☐ AFLAC*	☐ Avesis Vision*
☐ Cell Phone	☐ Dental Insurance	☐ Health Insurance	☐ Health Savings Account
☐ Direct Deposit Change	☐ Uniform Allowance	☐ United Way	☐ Other

Action Requested *Forward to Human Resources for Action and Approval

Personal Change (name, address, phone, marital status, etc.)

Separation

Separation Date _____/_____/_____ Last Date Worked _____/_____/_____ Last Date Paid _____/_____/_____

☐ Voluntary Separation ☐ Involuntary Separation

Eligible for Rehire? ☐Yes ☐ No

Notice of COBRA Rights Provided on _____/_____/_____

Additional Comments

Submitted by _____ Date _____

Approved by _____ Date _____

City Manager/HR Approval _____ Date _____