City of Westfield
Personnel Action Form
FOR INTERNAL PURPOSES ONLY

Please check all that apply and attach documentation:

☐ New Hire	☐ Death	☐ Job Change	☐ Leave
☐ Transfer	☐ Step Increase	☐ No. Vacation Weeks	☐ Status Change
☐ Resignation	☐ Promotion	☐ Reactivate (from inactive)	☐ Change in Hours
☐ Retired	☐ Demotion	☐ Reinstatement	☐ Informational
☐ Termination	☐ Salary Change	☐ Org/Ob Change	☐ Paytype Change

Effective Date: _____ Department: _____ Employee # _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____

Grade: _____ Step: _____

Wage: $ _____ ☐ Hourly ☐ Annual ☐ Biweekly ☐ Quarterly

<u>Increase</u>: Anniversary Date: _____

<u>Vacation</u>: Anniversary Date: _____ Number of weeks/hours earned: _____

<u>Paytype Change</u>: Type: _____ Add: ☐ Stop: ☐ Type: _____ Add: ☐ Stop: ☐

<u>Org/Ob</u>: _____

<u>Informational Change</u>: _____

FOR PERSONNEL USE ONLY

Job Class Title: _____ Job Class Code: _____

EEO Func: _____ Group/Union: _____ Location Code: _____

Personnel Status: FT ☐ PT ☐ Pay Frequency: B ☐ M ☐ Q ☐

Birth Date: _____ Hire Date: _____ Service Date: _____

Risk Code: _____ Position Control #: _____ MUNIS Grade/Step: _____

Pay Types: _____

Org Code: _____ Object Code: _____ Salary ☐ Hourly ☐

Department Head Signature: _____ Date: _____

Personnel Director Signature: _____ Date: _____