

TREMONTON CITY PERSONNEL ACTION FORM

Employee Name: _____ Employee Number: _____

Department: _____ Position: _____

Date form Completed: _____ Effective Date of Action: _____

ACTION:

Original Hire (Probationary): _____ Grade: _____ Wage/Salary: _____

Promotion: _____ Grade: _____ Wage/Salary: _____

Transfer: _____ Grade: _____ Wage/Salary: _____

Demotion: _____ Grade: _____ Wage/Salary: _____

Disciplinary: _____ Grade: _____ Wage/Salary: _____

Termination/Resignation: _____ Grade: _____ Wage/Salary: _____

Other: _____ Grade: _____ Wage/Salary: _____

STATUS:

Full Time Exempt: _____ Full Time Non Exempt: _____ Grant: _____

Part Time: _____ Part Time Temporary/Seasonal: _____ Temp Emergency: _____

BENEFITS:

Retirement: _____ Health Insurance: _____ Vacation: _____

Sick: _____ Comp: _____ **No Benefits:** _____

NOTES: _____

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

City Manager/Mayor Signature: _____ Date: _____