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	

***All requests for PTO Payout will be processed on the next regular payroll following approval. If you wish to change your tax withholding for this pay period please contact Human Resources for the appropriate forms.**

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

Employee _____ Date _____

Approved by _____ Date _____

City Manager/HR Approval _____ Date _____