GVRA Personnel Action Request Form

☐ Name change ☐ Employee Data Change ☐ Reallocation ☐ Separation ☐ Leave ☐ Salary Change

Employee Information

Name _____ **Title** _____

Name Change _____ **EID** _____

*Attach legal documentation

Position _____ **Program** _____

Position Information

Effective Date _____

Reallocation

Current

Title _____ Job Code _____

Department _____ Mail Drop _____

Zip Code _____ County Code _____

Reports To _____

Function Code _____ Project Code _____

Proposed

Title _____ Job Code _____

Department _____ Mail Drop _____

Zip Code _____ County Code _____

Reports To _____

Function Code _____ Project Code _____

FSLA ☐ Drug Testing ☐ classified ID ☐

Establish New Position

Title _____ Job Code _____ Department _____ Mail Drop _____

Zip Code _____ County Code _____ Reports To _____

FSLA ☐ Drug Testing ☐ classified ID ☐

Employee Data Change

Effective Date _____

Current

Title _____

Position Number _____

Pay Grade _____ Job Code _____

Current Salary _____

Status ☐ Time Status _____

☐ New Hire

☐ Promotion

☐ Demotion

☐ Transfer

☐ Salary Change

Proposed

Title _____

Position Number _____

Pay Grade _____ Job Code _____

Salary Change % _____ Proposed Salary _____

Status ☐ Time Status change % _____

Leave

Effective Date _____ **Return Date** _____

☐ Contingent LWOP ☐ Suspension W/O Pay ☐ Military LWOP ☐ Short Term Leave ◯ Authorized ◯ Unauthorized

Work Schedule

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Separation

☐ Lack of Work ☐ Resignation ☐ Discharge ☐ Retirement

☐ Death ☐ No position upon return ☐ Failure to return from Leave ☐ Transfer to another agency

_____
Name of Agency

☐ Rehire ☐ No Rehire -**Must attach documentation**

Comments:

Submitted By: _____ Date: _____ Dept. Head _____ Date: _____

Program Director _____ Date: _____ Budget _____ Date: _____

Human Resources _____ Date: _____ Exec. Director _____ Date: _____