

## CITY OF CHICO – PERSONNEL TRANSACTION

EMPLOYEE INFORMATION					
Employee Last Name, First Name:			Employee #:		Effective Date of Action:
Department:		Division:			Bargaining Unit:
TYPE OF TRANSACTION					
<input type="checkbox"/> Position Appointment		<input type="checkbox"/> Separation from City Service		<input type="checkbox"/> Leave of Absence	
<input type="checkbox"/> Salary Increase/Decrease		<input type="checkbox"/> Specialty/Certificate Pay		<input type="checkbox"/> Other: _____	
POSITION APPOINTMENT/CHANGE IN POSITION					
NEW OR PRESENT POSITION			PREVIOUS POSITION		
New/Present Job Title:			Previous Job Title:		
PCN:		Anniversary Date:	PCN:		Anniversary Date:
Range/Step:		Rate of Pay:	Range/Step:		Rate of Pay:
Type:	Status:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Type:	Status:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Hours Per Week:		Schedule:	Hours Per Week:		Schedule:
Temporary Position End Date:		Probationary Period:			
WAGE DISTRIBUTION CHANGES					
ACCOUNT NUMBER		% OF SALARY	ACCOUNT NUMBER		% OF SALARY
SPECIALTY/CERTIFICATE/OUT-OF-CLASS PAY					
<input type="checkbox"/> Assign <input type="checkbox"/> Discontinue	Type:		Amount:		End Date:
<input type="checkbox"/> Assign <input type="checkbox"/> Discontinue	Type:		Amount:		End Date:
GRANTING OF LEAVE BALANCES – NEW HIRES/CHANGE IN POSITION					
Vacation:	Sick Leave:	Admin. Leave:	PTO:	Floating Holiday:	Holiday Time Bank:
SEPARATION FROM CITY SERVICE					
Reason for Separation:				Last Day Worked:	
LEAVE OF ABSENCE					
Type of Leave:			Leave Begin Date:		Leave End Date:
COMMENTS					
APPROVAL					
Department Director: _____			Date: _____		
Human Resources: _____			Date: _____		
City Manager*: _____			Date: _____		
* Required for appointments, promotions and separations					