

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:	
Range/Step:		Rate of Pay:		Range/Step:	
Type:		Status:		Type:	
		<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt			
Hours Per Week:		Schedule:		Hours Per Week:	
Temporary Position End Date:		Probationary Period:			
WAGE DISTRIBUTION CHANGES					
ACCOUNT NUMBER		% OF SALARY		ACCOUNT NUMBER	
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					