

CITY OF GREEN BAY PERSONNEL ACTION FORM

CURRENT INFORMATION (Prior to changes made by this form)

Employee Name: _____
 Classification: _____
 Dept./Division: _____
 Effective Date: _____

Type of Action:

New Hire	End of Probation
Transfer * Work Comp Code _____	Termination *
Reclassification	Lay Off
Promotion	Retirement
Grade/Step Change (attach review form)	Death
Salary (changes other than base pay)	Name Change
	Other *

Comments supporting this request:

***Include reason under comments**

NEW INFORMATION (Complete only those areas that have changed)

Employee Name: _____
 Classification: _____
 Dept./Division: _____
 Grade/Step: _____
 Salary: _____

Approval: _____ <div style="text-align: center;">Department Head</div>	_____ <div style="text-align: center;">Date</div>	For Human Resources Use Only: Copy to: Payroll Benefits Department
Approval: _____ <div style="text-align: center;">Human Resources Director</div>	_____ <div style="text-align: center;">Date</div>	

Print completed form and send to Human Resources for signature.