

EMPLOYEE ACTION FORM

CITY OF DAYTON

P. H. SECOR

Pay ID SA					
Employee ID No.	28028 0010000x	Last Name Young	First Name Rashed	Middle Initial M.	Effective Date: <input checked="" type="checkbox"/> 01 JAN 09
CURRENT	Posi. (T.O.) No. 001000	Position Classification City Manager		Division CMO	

REASON FOR CHANGE (Check only those that apply.)					
<input type="checkbox"/> New Appointment	<input checked="" type="checkbox"/> Step Increase	<input type="checkbox"/> Deceased	<input type="checkbox"/> Adjust Service Date		
<input type="checkbox"/> Re-Appointment	<input type="checkbox"/> Merit Increase	<input type="checkbox"/> Retirement	<input type="checkbox"/> Leave Status		
<input type="checkbox"/> Promotion	<input type="checkbox"/> Rate Change	<input type="checkbox"/> Disability Retirement	<input type="checkbox"/> Add/Delete Premium Pay		
<input type="checkbox"/> Transfer	<input type="checkbox"/> Assignment Maintenance/Pay	<input type="checkbox"/> Probationary Discharge	<input type="checkbox"/> Add/Delete Automatic Earning		
<input type="checkbox"/> Demotion - Voluntary	<input type="checkbox"/> Reduction in Force	<input type="checkbox"/> Discharge	<input type="checkbox"/> Add/Delete Other Earnings		
<input type="checkbox"/> Demotion - Involuntary	<input type="checkbox"/> Resignation	<input type="checkbox"/> End of Temp. Appt.	<input type="checkbox"/> Change in Labor Distribution		
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Resignation Under Charges	<input type="checkbox"/> Change in Type of Appt.	<input type="checkbox"/> Other: Specify		
		<input type="checkbox"/> Payroll Data Change			

INSTRUCTIONS: The above sections must be completed each time an Employee Action Form is submitted. In sections below, only complete information that is changing. ALL P-1'S MUST BE TYPED.

NEW POSITION	Req. No.	Posn. Classification	Grade	Step	Hrly. Rate	TYPE OF APPOINTMENT
No. (T.O.)			99		\$70.91	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Co-Op <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal

ORGANIZATION HOME:	Org. Code	Division	DATE OF NEXT STEP
10000 2100			dd - month - yy

ORGANIZATION TIMESHEET:	Org. Code	Division	TERMINATION
10000 2100			dd - month - yy

LEAVE STATUS	From: (First Date of Absence)	To: (Last Date of Absence)	Comp. Time Due _____
			Sick Hours Due _____ Paid Through _____

LEAVE REQUESTED	PAY STATUS	Calendar Days of Leave _____	ADJUSTED SERVICE DATES
<input type="checkbox"/> Injury Leave <input type="checkbox"/> Military Leave <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Suspension <input type="checkbox"/> AWOL	<input type="checkbox"/> Full Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Partial Pay ____%	Work Days of Leave _____ Date of Actual Return _____ dd - month - yy	Seniority _____ Longevity _____ Supplemental Vacation _____

PREMIUM PAY (Used for permanent assignment only.)			Add	Delete	Amt./Hr.	
<input type="checkbox"/>	<input type="checkbox"/>	Fire 40 Hour Assign. Pay	<input type="checkbox"/>	<input type="checkbox"/>	_____	Shift Differential 2nd
<input type="checkbox"/>	<input type="checkbox"/>	Police Shift Differential	<input type="checkbox"/>	<input type="checkbox"/>	_____	Shift Differential 3rd
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	_____	Other

AUTOMATIC EARNINGS (Earnings that automatically appear on time sheet.)	OTHER QUALIFIED EARNINGS																																														
<table style="width: 100%;"> <tr> <th>Add</th> <th>Delete</th> <th></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Clothing Allowance</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Platoon Shift Factor (Airport)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Platoon Shift Factor (Fire)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Fire PSM Pay</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Executive Car Allowance</td> </tr> </table>	Add	Delete		<input type="checkbox"/>	<input type="checkbox"/>	Clothing Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Platoon Shift Factor (Airport)	<input type="checkbox"/>	<input type="checkbox"/>	Platoon Shift Factor (Fire)	<input type="checkbox"/>	<input type="checkbox"/>	Fire PSM Pay	<input type="checkbox"/>	<input type="checkbox"/>	Executive Car Allowance	<table style="width: 100%;"> <tr> <th>Add</th> <th>Delete</th> <th></th> <th></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Mileage Reimbursement</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Educational Incentive</td> <td>Degree _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Classification _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plus Rate</td> <td>Amount _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plus Rate</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other</td> <td>_____</td> </tr> </table>	Add	Delete			<input type="checkbox"/>	<input type="checkbox"/>	Mileage Reimbursement		<input type="checkbox"/>	<input type="checkbox"/>	Educational Incentive	Degree _____				Classification _____	<input type="checkbox"/>	<input type="checkbox"/>	Plus Rate	Amount _____	<input type="checkbox"/>	<input type="checkbox"/>	Plus Rate	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other	_____
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REMARKS: Old Rate: \$70.08
 New Rate: \$70.91 ✓
 Retro Hours: 1496
Will be rate
1496
83

Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Division Manager Date	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Director of Human Resources Date
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Department Director Date	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ City Manager Date