

☐ Payroll Use Only

## CITY OF STOCKTON REPORT ON PERSONNEL ACTION

Reason Amended:

Name: Hayes, Robert M

Security Number: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Date Amended: \_\_\_\_\_

Date Prepared: 11/14/18Prepared by: Mary Johnson**Present Status:**

Class Title: \_\_\_\_\_

Department: \_\_\_\_\_

Division/Acct. #: \_\_\_\_\_

Fund Split

(if any): \_\_\_\_\_

2018 NOV 19 PM 2:45

**Regular**

- ☐ Probationary  
☐ Regular  
☐ Non-comp  
☐ At-Will  
☐ Half time  
☐ 3/4 time

**Limited**

- ☐ Provisional  
☐ Temporary  
☐ Annuitant  
☐ Part time

Unit Code \_\_\_\_\_ Grade \_\_\_\_\_ Step \_\_\_\_\_

Rate \$ \_\_\_\_\_

Add Pay \_\_\_\_\_

Bargaining Unit \_\_\_\_\_

**Proposed Status:**Class Title: Program Specialist (Sr Building Inspector)Department: Community Development (CDD)Division/Acct. #: 048-1830-530Fund Split 048-1830-530 - 98%(if any): 441-4413-572 - 2%**Regular**

- ☐ Probationary  
☐ Regular  
☐ Non-comp  
☒ At Will  
☐ Half time  
☐ 3/4 time

**Limited**

- ☐ Provisional  
☐ Temporary  
☒ Annuitant  
☐ Part time

Unit Code \_\_\_\_\_ Grade 80B Step 1

Rate \$ \_\_\_\_\_ 38.15/hrly

Add Pay \_\_\_\_\_ none

Bargaining Unit \_\_\_\_\_ none

Effective Date: TBD**CHECK APPROPRIATE BOX(ES):****CHANGES****APPOINTMENT**

- ☐ New Hire  
☐ Re-Employment  
☐ Reinstatement  
☒ Rehire

**LEAVES**

- ☐ Workers Comp  
☐ Military - Paid  
☐ Military - Unpaid  
☐ Leave Without Pay (LWOP)  
☐ Suspension  
☐ Pregnancy/FMLA  
☐ FMLA  
☐ Administrative Leave - Paid  
☐ Administrative Leave - Unpaid  
☐ Absent Without Leave (AWOL)

Requisition #: \_\_\_\_\_

4224

- ☐ Title Change  
☐ Status  
☐ Acct. Number  
☐ Salary  
☐ Transfer  
☐ Promotion  
☐ Demotion  
☐ Return to Work  
☐ Special Assignment Pay  
☐ Acting Pay  
☐ Alternate Staffing  
☐ Reclassification  
☐ Reallocation  
☐ CalPERS Enrollment

**SEPARATIONS**

- ☐ Resignation  
☐ Separation  
☐ Rejection of Probationer  
☐ Discharge / Termination  
☐ Death  
☐ Layoff  
☐ Retirement - Service  
☐ Retirement - Disability  
☐ Retirement - IDR

Last Day on Payroll \_\_\_\_\_

**PAY OFFS****(Payroll Use Only)**

- ☐ Annual Leave  
☐ Sick Leave Balance  
☐ Comp Time  
☐ Uniform Allowance

Explanation: EE will temporarily perform the functions involving highly specialized and critically needed skills to assist in the building inspection function. EE hire to be approved by Council.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head: \_\_\_\_\_

Date: 11/19/18

Human Resources: \_\_\_\_\_

Date: 11/20/18

City Manager: (if required) \_\_\_\_\_

Date: \_\_\_\_\_

**For Human Resources Use Only**

<b>Group</b> Safety: Police <input type="checkbox"/> Fire: <input type="checkbox"/> Misc: <input type="checkbox"/>	<b>Tier Level</b> I II III	<b>ABT Code</b>	<b>Benefit Code</b>	<b>Deduction Code</b>	<b>Benefits Initial/Date</b>	<b>Benefits 2nd Review Initial/Date</b>
CS-23 1st Review/Date <u>SM 11/19/18</u>	Analyst Review/Date <u>11-19-18</u>	E-Verify/Date	Update NeoGov/Date	To Payroll/Date	Update HTE/Date	2nd Review of HTE/Date
						History Card/Date