CITY OF HAINES CITY

PERSONNEL ACTION FORM

Date: _____

Name of Employee: _____ Department: _____

Classification: _____ Division: _____

CATEGORIES OF ACTION

APPOINTMENT
- ☐ New Hire
- ☐ Re-Employment
- ☐ Temporary
- ☐ Other

_____

_____

SEPARATION
- ☐ Discharge
- ☐ Layoff
- ☐ Military Leave
- ☐ Resignation

STATUS CHANGE
- ☐ Demotion
- ☐ Incentive Pay
- ☐ Promotion
- ☐ Reclassification
- ☐ Transfer
- ☐ Merit Increase
- ☐ Suspension

EXEMPTION STATUS
- ☐ Non Exempt
- ☐ Exempt

Explanation of Action: _____

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CURRENT STATUS		PROPOSED STATUS	
Department	_____	Department	_____
Division	_____	Division	_____
Classification	_____	Classification	_____
Pay Grade	_____	Pay Grade	_____
Effective Date	_____	Effective Date	_____
Annual Salary	_____	Annual Salary	_____
Hourly Salary	_____	Hourly Salary	_____

Approved

_____

Department Head Date

_____

City Manager Date