



City of Gardena Personnel Action Form

EMPLOYEE NAME:**DEPARTMENT:****DIVISION:****PAF DATE:****ACTION:**☐ **Remarks****EMPLOYEE INFORMATION**

DOB:	SSN: XXX-XX-	CDL/ID#:	OTHER ID#:	
HOME ADDRESS:				
PERSONAL EMAIL:			HOME PHONE:	CELL PHONE:
EMERGENCY CONTACT INFORMATION	EMERGENCY NAME:		RELATIONSHIP:	
	NOTIFICATION ADDRESS:		HOME PHONE:	CELL PHONE:

EDEN INFORMATION

EMPLOYEE ID #:		CITY ID #: (BADGE)	
ORIGINAL DATE OF HIRE:	FULL-TIME DATE OF HIRE:	ADJUSTED SERVICE DATE:	
APPOINTMENT TO CURRENT POSITION DATE:		REGULAR MERIT REVIEW DATE:	
ENROLLMENT DATE	CURRENTLY ENROLLED IN PERS WITH ANOTHER AGENCY: <input type="checkbox"/> YES <input type="checkbox"/> NO	DOT SAFETY-SENSITIVE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERS:	PRIOR PERS SERVICE WITH:	DOT PRIOR EMPLOYER CHECK:	
ENROLLMENT DATE	PRIOR PARS SERVICE: <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HEALTH INSURANCE:	
PARS:	<input type="checkbox"/> LABOR GROUP:	<input type="checkbox"/> DEPENDENT:	

PERSONNEL ACTION

AT WILL: <input type="checkbox"/> YES <input type="checkbox"/> NO	FROM (Current)	TO	EFFECTIVE DATE
DEPARTMENT/DIVISION			
SUPERVISOR			
POSITION TITLE			
POSITION #			
APPOINTMENT TYPE			
POSITION TYPE			
PAY SCHEDULE-STEP \$ RATE			
OTHER ACTION (Ex.: EIB, CSB, Longevity)			
OTHER ACTION (Ex.: Uniform, Shoe, Tools)			
LEAVE TYPE			

ACCOUNT CODING & %: _____ % _____ % _____ % _____ %**SEPARATION**

TYPE OF SEPARATION:	EFFECTIVE DATE:	PLACE ON REHIRE LIST? (IF LAID OFF?) <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPUTER NETWORK: ACCESS INSTRUCTIONS (SEE REMARKS)
HAS CITY PROPERTY BEEN TURNED IN? <input type="checkbox"/> CITY ITEMS ISSUED (SEE REMARKS) <input type="checkbox"/> ITEMS STILL OUTSTANDING (SEE REMARKS) <input type="checkbox"/> OTHER OWED TO CITY (SEE REMARKS)		FINAL LEAVE BALANCE - IN HOURS: VACATION: _____ MGMT LEAVE: _____ COMPENSATORY: _____ SICK LEAVE: _____ FLOATING HOLIDAY: _____ HOLIDAY PAY: _____		GEPCO BALANCE: \$ _____ FLEX 125 BALANCE: \$ _____ UNIFORM ADVANCE: \$ _____
RETIREE HEALTH: <input type="checkbox"/> YES <input type="checkbox"/> NO LABOR GROUP: _____ MEDICARE ELIGIBLE QUALIFYING DATE: _____		FINAL PAY INSTRUCTIONS: _____ DATE FOR PICK-UP: _____ NO DIRECT DEPOSIT		

EMPLOYEE SIGNATURE_____
DATE_____
APPOINTING AUTHORITY_____
DATE_____
HUMAN RESOURCES_____
DATE_____
CITY MANAGER_____
DATE

REMARKS / OTHER INSTRUCTIONS:

INSTRUCTIONS: Every employee must have a current Personnel Action Form (PAF) on file each time there is a change to an employee's position, change of address form, change of "contact" form, direct deposit slip (email), pay, or employment status. *Completely* fill in all the fields as it relates to the Personnel Action (First Service/New Hire, Personnel Action, Separation).

Once the PAF is complete and signed by the Department Head, send the PAF via interoffice mail to Human Resources.