



City of Gardena Personnel Action Form

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

DOB:	SSN: XXX-XX-	EMPLOYEE ID #
APPOINTMENT TO CURRENT POSITION DATE:		ADJUSTED SERVICE DATE:

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 & %: _____ % _____ % _____ % _____ %

REMARKS:

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