

PART I. – TYPE OF ACTION (check One)

APPOINTMENT	CHANGE	SEPARATION
1. Original 2. Promotion 3. Reinstatement 4. Temporary 5. Trainee 6. Demotion 7. Reassignment 8. Emergency 9. Confidential	10. Prob. Salary Increase 11. Annual Merit Raise 12. Special Salary Increase 13. Name Change 14. Suspension 15. Return from Suspension 16. LWOP 17. Return from LWOP 18. OTHER 28. Tax Change 31. Status Change Only 47. Change Address <i>* If different from originally reported date.</i>	19. Resignation** 20. Job Abandonment 21. Dismissed 22. Layoff** 23. Retirement 24. Expiration of Temp. Appointment 25. Termination without Prejudice** 26. Death **Items 19, 22, & 25 – is re-employment recommended? <div style="text-align: center;"> Yes No </div>

A	FROM	Position Number	Name (Last, First, MI)	Soc. Sec. Number
	TO	Position Number	Name (Last, First, MI)	Soc. Sec. Number

B	FROM	Job Code	Class Title	Pay Rate	Grade	Step	Part-time Hrs./Wk	Funding State Grant Reimbursement
	TO	Job Code	Class Title	Pay Rate	Grade	Step	Part-time Hrs./Wk	Funding State Grant Reimbursement

C	FROM	Street Address	City	State	Zip Code	Sex	Race	Date of Birth
	TO	Street Address	City	State	Zip Code	Sex	Race	Date of Birth

D	FROM	Pers. Stat.	Vet. Stat.	Ed. Code	D.O.S.	UJS Service Date	Total Service Date	Longevity Date	Merit Salary Date
	TO	Pers. Stat.	Vet. Stat.	Ed. Code	D.O.S.	UJS Service Date	Total Service Date	Longevity Date	Merit Salary Date

PART II. – SEPARATION PAY INFORMATION	PAYROLL	HR	PART III. – AOC USE ONLY
1. Hours in pay status during pay period of term			1. Federal Tax Status
2. Annual Leave hours due employee.			2. State Tax Status
3. Sick Leave hours due retiring employee.			3. Health Insurance
4. Personal Leave Day			4. Retirement

PART IV(A). REMARKS – APPOINTING AUTHORITY
 (Explain any actions which are not self-explanatory)

PART IV(B). EMPLOYEE'S SIGNATURE - I acknowledge notice of the employment conditions herein. _____ Date _____

PART V. REMARKS & APPROVAL – AOC USE ONLY
 (Explain any actions which are not self-explanatory)

APPOINTING AUTHORITY: Typed Name & Title	Date	APPROVED BY: Typed Name & Title	Date
		Vonda C. Sanders, UJS HR Director	
Signature _____		Signature _____	

PLEASE READ PRIOR TO COMPLETING FORM

PART I

Effective Date of Action:

Appointments should, if possible, be set on the first work day of pay period. However, if circumstances require earlier appointment, please be aware that in order for the employee to be paid on the regular payroll for the current pay period, this form must reach the AOC no later than noon of the Wednesday following the end of the pay period, or the employee will be paid on a supplemental payroll, which will **generally result in a late payment**.

Probationary Salary Increase (Item 10) shall be effective the beginning date of the pay period following the completion of the probationary period.

Annual Merit Raise (Item 11) shall be the beginning date of the first full pay period in the month of the merit salary date.

Special Salary Increase (Item 12) will be the beginning date of a pay period.

Name Change (Item 13) may be the date the Personnel Action form is prepared, or the date of the change.

For other actions, the effective date is determined generally by the associated facts, for example, the first day of leave without pay (LWOP) or suspension, or the day the employee returns from LWOP or suspension. On retirement, the last day of the month prior to the month of retirement. For other separations, the last day in pay status.

General Instructions: On original appointments, please make an appropriate entry in the shaded "To" block of the form. On all other actions, please complete the following white "From" blocks to fully identify the employee:

- Position Number
- Name
- Social Security Number

Thereafter, only items being changed need be completed, but always complete both the "Form" and "To" blocks of any item changed.

INSTRUCTIONS ON SPECIFIC ITEMS

PART I – SECTION A

Position Number: A nine digit number consisting of an expense accounting code, country and unit codes, and the actual position number; for example, 3-01-100-002.

Name: Enter exactly as shown on employee's security card, last name first.

Social Security Number: No employee may be placed on the payroll without a social security number.

PART I – SECTION B

Job Code: The number identifying the classification, as taken from the class specification.

Class Title : The title of the classification approved for the position.

Pay Rate : The semi-monthly rate of pay, or hourly rate, if paid by the hour.

Grade: A two digit number identifying the salary range assigned to the classification in the pay plan.

Step: The number of the step in the pay range for the pay rate as shown in the pay plan.

Part – time: Enter the total hours per week that the employee will work, for example, "20". Enter N/A for full-time employees. Enter IRREGULAR if applicable.

Funding : Check funding source for this position.

PART I – SECTION C

Sex: Enter "F" for female and "M" for male.

Race: Enter the Race Code, as appropriate, from the following codes:

1. White
2. Oriental
3. American Indian
4. Black
5. Hispanic

PART I – SECTION D

Personnel status Code: Enter the appropriate code from the following code index.

- | | |
|--------------------------------|-----------------------------|
| 00 Probationary (Confidential) | 05 Emergency |
| 01 Probationary (Merit) | 06 Permanent (confidential) |
| 02 Temporary | 07 Leave without Pay |
| 03 Trainee | 08 Elected Officials |
| 04 Permanent (Merit) | 09 Appointed Officials |

Education Code: Enter the appropriate code from the following code index:

1. Less than high school
2. High school graduate or GED equivalent
3. High school and business school and/or community college.
4. B.A. or B.S.
5. Masters
6. PhD or Law Degree

D.O.S: Enter projected date of separation for temporary and emergency appointments only.

UJS Service Date: On original, reinstatement, and confidential appointments, enter date of appointment to Court Service, exclusive of any other State service.

Total Service Date: On original, reinstatement and confidential appointments, enter the date of original employment in State Service. Leave this block blank for temporary and emergency appointments. This date will be adjusted one day forward for each day of suspension.

Longevity Date: To be completed by AOC.

Merit Salary Advancement Anniversary Date: On original, reinstatement and confidential appointments, enter the date of appointment. Leave this block blank for temporary and emergency appointments. This date will be adjusted one day forward for each consecutive calendar day of LWOP in excess of 15 and one forward for each day of suspension. This date will be changed to coincide with the effective date of any subsequent merit raise approved for the employee. And for a raise upon promotion.

For all forms needed to accompany personnel actions see <http://eforms.alacourt.gov>, or contact Human Resources, AOC.

PART II - AOC use only

PART III - AOC use only

PART IV(A) - Remarks of administration.

PART IV(B) - Signature of employee acknowledging notice of action

PART V - AOC use only