



PERSONNEL CHANGE FORM

Employee Name: _____ Employee ID #: _____ Effective Date: _____

For New Hires: Phone Number: _____ Email: _____

Current Status: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Vacant (Previous EE): _____

Reason for Change(s)

- ☐ New Hire ☐ Reinstatement ☐ Rehire ☐ Promotion ☐ Demotion ☐ Transfer ☐ Merit Increase
☐ Reclassification of Existing Job ☐ New Position ☐ Salary Adjustment ☐ Paid Admin Leave
☐ Other (Explain): _____

Current Information

New Information

Current Job Title		New Job Title	
Current Job Code		New Job Code	
Current Pay Grade		New Pay Grade	
Current FTE Number		New FTE Number	
Current Hourly Rate		New Hourly Rate % Change	
Current Cost Center		New Cost Center	
Current Department		New Department	
Current Supervisor		New Supervisor	

Comments:

Budget Comments:

Approvals:

Supervisor: _____ Date: _____

Department Director: _____ Date: _____

Budget Approval: _____ Date: _____

Human Resources: _____ Date: _____

City Administrator or Designee: _____ Date: _____