



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: _____