

**CITY OF EMPORIA
PERSONNEL ACTION REQUEST**

NAME: _____ DATE: _____

DEPARTMENT: _____

Hire - Wage _____ Termination - Reason _____

OTHER (Specify)

Wage Increase: From: \$ _____ To: \$ _____ REASON: _____

Promotion: From: _____ To: _____
AND Salary Change From: \$ _____ To: \$ _____

Title Change: From: _____ To: _____
AND Salary Change From: \$ _____ To: \$ _____

Class/Range Change: From: _____ To: _____
AND Salary Change From: \$ _____ To: \$ _____

JUSTIFICATION FOR REQUEST:

Supervisor Signature

Department Head Signature

FOR PERSONNEL SECTION USE ONLY

DATE OF EMPLOYMENT	_____	ATTENDANCE RECORD PAST _____ MONTHS
DATE OF LAST INCREASE	_____	Sick Leave _____ Hours
PRESENT SALARY	_____	Vacation _____ Hours
PRESENT CLASSIFICATION	_____	Leave Without Pay _____ Hours
PROPOSED SALARY	_____	Comp Time _____ Hours
PROPOSED CLASSIFICATION	_____	Other _____ Hours
DATE OF LAST EVALUATION	_____	TOTAL HOURS ABSENT _____ Hours

REMARKS:

Director of Human Resource: _____ Date: _____

DATE EFFECTIVE: _____

REMARKS:

CITY MANAGER _____

Date: _____