



NOTICE OF PERSONNEL ACTION

Park/Program _____ Start/Effective Date _____

Employee Name _____ Approx. End Date (if applicable) _____

Soc. Sec. No. _____ Race _____ Birth Date _____

Sex M F Tax Exemptions: _____ M S Additional State Taxes _____

Veteran Yes No _____ If yes, you may show status on voluntary form enclosed

Mailing Address (for W-2 tax forms) _____

Payroll Deductions (such as rent) _____

Maint/Interp Office/Kiosk Trail Ranger Other (Specify in Remarks) Pay Grade _____ Hourly Salary \$ _____

Months to work _____ Hours per pay period _____

CHECK ONLY ITEMS THAT APPLY

APPOINTMENTS		CHANGES	
<input type="checkbox"/>	Full Time (Classified)	<input type="checkbox"/>	Change of Name/Address
<input type="checkbox"/>	Temporary-less than 5 mo. (Not on Benefits)	<input type="checkbox"/>	Rate Change
<input type="checkbox"/>	Temporary-more than 5 mo. (Full Benefits) *	<input type="checkbox"/>	Change of Classification
<input type="checkbox"/>	Special Program (use remarks)	<input type="checkbox"/>	Other (use remarks)

Is employee currently a member of State Retirement PERSI?

Yes _____ No _____

Has the employee worked for the State of Idaho before?

Yes _____ No _____ If so, what year? _____

Which department? _____

Is the employee a retiree with the State of Idaho?

Yes _____ No _____

* Required Region Manager, Bureau Chief or Division Administrator Approval _____

REMARKS:

 Employee Signature

 Date

 Program/Park Manager Signature