



CITY OF OAKLAND

City of Oakland Personnel Action Record

Reset Form

Print Form

People - Enter and Maintain

Salary Change Job Class Change
 Organization Transfer Misc. Data Change
 Name Change _____ (Former Name)

Effective Action Date: _____

Last Name: _____

First Name: _____ Middle Initial: _____

Employee No. _____ Female
 Male

People - Enter and Maintain - Personal Information

Work No. _____ Marital Status:
 Divorced
 Married
 Single
 Widowed

Email: _____

Disability: Yes No

People - Enter and Maintain - Additional Personal Details

Original Service Date: _____

Adjusted Service Date: _____

People - Enter and Maintain - Address

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Home No. _____ Primary

Special Information - Certifications and Licenses

Driver License No. _____

State Issued: _____ Expiration Date: _____

Special Information - Sequence Number

Serial No. _____ Badge No. _____

Other (Emergency Contact Information)

Last Name _____ First Name _____

Address _____ Relationship _____

City _____ State _____ Zip Code _____

Country _____

Home No. _____

People - Enter and Maintain Assignment

Organization Code: _____ Rep Unit: _____

Retirement Plan: _____ Sworn Category: _____

Position Name: _____

Job Class # _____ Pos. # _____

Supervisor: _____

Employment Category:
 FT Regular Non-Sworn PPT Permanent Part-Time
 FT Sworn Regular Provisional
 LD Limited Duration TPT Temporary Part-Time

Assignment - Standard Conditions

Bi-Weekly Hours: _____ Salary Information (Salary Basis) _____

Assignment - Additional Assignment Detail

FLSA Status: Administrative Exempt Professional Exempt
 Executive Exempt Seasonal Exempt
 Non-exempt Excluded

Job Class Service Date: _____ Task: _____

Adj. Job Class Service Date: _____ Acting Pay

Public Contact Position: Yes No Selective Certified: Yes No

Form 700 Required: Yes No If Yes: _____
(Conflict of Interest)

Assignment - Labor Schedule > List ALL Funding Sources

%: Proj: _____ Task: _____ Award: _____ Exp: _____

%: Proj: _____ Task: _____ Award: _____ Exp: _____

%: Proj: _____ Task: _____ Award: _____ Exp: _____

%: Proj: _____ Task: _____ Award: _____ Exp: _____

Assignment - Other - Grade Step

Prior Point _____ Step _____ Hourly Monthly _____

New Point _____ Step _____ Hourly Monthly _____

Change Reason: _____

Fully Effective: Yes No

Assignment - Other - Grade Step

Prior Monthly Amount: \$ _____ Range

New Monthly amount: \$ _____ Range

Change Reason: _____

Fully Effective: Yes No

APPROVALS

Department Representative	Ext.	Date Submitted	Department Authorization	Ext.	Date
For Treasury/Payroll Use Only					
HRM PC Approval	Date		Authorization	Entered By	