



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  
Email: \_\_\_\_\_ ☐ Married  
Disability: ☐ Yes ☐ No ☐ Single  
☐ Widowed

## 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 ☐ Administrative Exempt ☐ Professional Exempt  
Status: ☐ Executive Exempt ☐ Seasonal Exempt  
☐ Non-exempt ☐ Excluded

Job Class Service Date: \_\_\_\_\_ Task: \_\_\_\_\_

Adj. Job Class Service Date: \_\_\_\_\_ ☐ Acting PayPublic Contact Position: ☐ Yes ☐ No Selective Certified: ☐ Yes  
☐ NoForm 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: \$ \_\_\_\_\_ ☐ RangeNew 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 \_\_\_\_\_

Revised August 2020