



# SANDY CITY PERSONNEL ACTION FORM

BSW/FT  
IP

This form is not a contract and does not establish rights to employment or compensation

NAME **Brandy Smith** SSN \_\_\_\_\_ Effective Date **1/2/19**

DEPT./DIVISION **Administration** Hourly  Bi-Weekly  Annual

PRESENT POSITION TITLE **Project Analyst Manager** Current Salary **43.27** 90001.60

NEW POSITION TITLE \_\_\_\_\_ New Salary \_\_\_\_\_

**PERSONNEL ACTION**  New Hire  Rehire  Performance Evaluation  Promotion  Transfer  Reclassification

Demotion (Attach Documentation)  Separation  Other

**POSITION CLASSIFICATION**  Elected Official  Appointed - Category 1  Appointed - Category 2  Appointed - Category 3

Regular Employee  Part-time benefitted  Part-time non-benefitted (<29 hrs/wk)  Seasonal (6 months or less) From \_\_\_\_\_ To \_\_\_\_\_

Probationary (new employee)  Probationary (promotions)  Provision/Emergency  Other Exempt

**DEPARTMENT** **Payroll Dept 12** Pay Location **S300** # Hrs/Week \_\_\_\_\_

**PERSONNEL** EEO Code 1 Job Class 20112-001

**PAYROLL ACTION** **FUNDING**  Pay From  Hired Under  Transferred to

Fund-Dept-AcctNo \_\_\_\_\_ % Allocation \_\_\_\_\_

Performance Base Pay Increase 1-12-4111111 100.00 %

Performance Incentive Pay (check if  gross or  net) \_\_\_\_\_ %

Spot Award Incentive Pay (check if  gross or  net) \_\_\_\_\_ %

Pay Adjustment \_\_\_\_\_ %

Out-of-Class Pay  Add  Delete \_\_\_\_\_ %

Suspension From \_\_\_\_\_ To \_\_\_\_\_ (Hrs \_\_\_\_\_) \_\_\_\_\_ %

Leave Without Pay From \_\_\_\_\_ To \_\_\_\_\_ \_\_\_\_\_ %

\*(Explain fully in remarks below or with attachment)

Other \_\_\_\_\_ %

*Changed her work schedule to fulltime salary but it started mid pay period so her time card may need to be adjusted?*

**REMARKS** **Brandy is transferring from a part-time work schedule to a full-time work schedule.**

Employee has had an opportunity to discuss this action prior to determination  YES  NO

Employee has returned City equipment and final check can be released  YES  NO

**SEPARATION**  Resignation  End of Temporary Assignment  Retirement  Dismissal \*  Disability \*  Reduction\*

\*(Explain fully in remarks below or with attachment)

REMARKS

**Payroll - OFFICE USE ONLY**

*[Signature]* \_\_\_\_\_ 11/26/18 \_\_\_\_\_ / / \_\_\_\_\_

Department/Division Head \_\_\_\_\_ Date \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_ *Jamie Chiles* 12/3/18

City Administrator (If Needed) \_\_\_\_\_ Date \_\_\_\_\_ Human Resources Authorization \_\_\_\_\_ Date \_\_\_\_\_



# SANDY CITY PERSONNEL ACTION FORM

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NAME **Brandy Smith** SSN XXXXXXXXXX Effective Date **5/1/19**

DEPT./DIVISION **Administration** Hourly  Bi-Weekly  Annual

PRESENT POSITION TITLE **Project Analyst Manager** Current Salary **43.27**

NEW POSITION TITLE **New Salary**

PERSONNEL ACTION  New Hire  Rehire  Performance Evaluation  Promotion  Transfer  Reclassification  
 Demotion (Attach Documentation)  Separation  Other

POSITION CLASSIFICATION  Elected Official  Appointed – Category 1  Appointed – Category 2  Appointed – Category 3  
 Regular Employee  Part-time benefitted  Part-time non-benefitted (<29 hrs/wk)  Seasonal (6 months or less) From \_\_\_\_\_ To \_\_\_\_\_  
 Probationary (new employee)  Probationary (promotions)  Provision/Emergency  Other

DEPARTMENT **Payroll Dept** Pay Location **Admin** # Hrs/Week \_\_\_\_\_

PERSONNEL EEO Code \_\_\_\_\_ Job Class **AD-20112-001**

PAYROLL ACTION FUNDING  Pay From  Hired Under  Transferred to

	Fund-Dept-AcctNo	% Allocation
<input type="checkbox"/> Performance Base Pay Increase	0001-1200-4111111000	100.00 %
<input type="checkbox"/> Performance Incentive Pay (check if <input type="checkbox"/> gross or <input type="checkbox"/> net)		%
<input type="checkbox"/> Spot Award Incentive Pay (check if <input type="checkbox"/> gross or <input type="checkbox"/> net)		%
<input type="checkbox"/> Pay Adjustment		%
<input type="checkbox"/> Out-of-Class Pay <input type="checkbox"/> Add <input type="checkbox"/> Delete		%
<input type="checkbox"/> Suspension From _____ To _____ (Hrs _____ )		%
<input type="checkbox"/> Leave Without Pay From _____ To _____		%
* (Explain fully in remarks below or with attachment)		%
<input type="checkbox"/> Other		%

### REMARKS

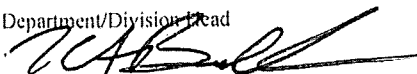
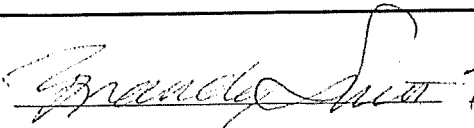
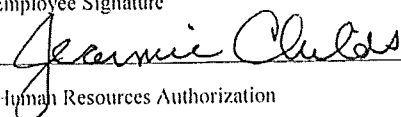
Employee has had an opportunity to discuss this action prior to determination  YES  NO  
 Employee has returned City equipment and final check can be released  YES  NO

**SEPARATION**  Resignation  End of Temporary Assignment  Retirement  Dismissal \*  Disability \*  Reduction\*

\*(Explain fully in remarks below or with attachment)

REMARKS **Separation due to a reduction in force.**

### Payroll – OFFICE USE ONLY

	Date <b>4/29/19</b>		Date <b>4/24/19</b>
Department/Division Head	Date	Employee Signature	Date
<b>Mayor</b>	Date		Date <b>4/25/19</b>
City Administrator (If Needed)	Date	Human Resources Authorization	Date