PERSONNEL ACTION FORM (PAF)

Employee Name **Douglas A. Davis** Today's Date **3-11-2024** Effective Date **3-11-2024**

PERSONNEL ACTIONS (Mark all boxes that apply)

- ☐ New Hire & Benefit Selection
- ☐ Address, Name or Phone Change
- ☐ Other
- ☑ Re-Classification, Promotion or Demotion
- ☐ Resignation, Retirement or Termination

HR USE ONLY
Date Received in HR: 3-11-2024
Date Sent to Payroll: 3-11-2024

PERSONAL INFORMATION CHANGE

☐ Address Change _____

County: _____ School District Number: _____

☐ Name Change: _____ Phone : _____

Date of HR Updates: _____ Medical _____ Dental _____ Vision _____ Life _____ Pension _____ Deferred Comp/Colonial

☐ Drivers License Number: _____ ☐ Employee Number _____ ☐ Added to Right Stuff

EMPLOYMENT STATUS/PAYROLL STATUS CHANGE (Attach supporting documentation)

EMPLOYMENT STATUS:

☐ New Hire Date: _____ Title: _____ Department: _____

☐ Full Time ☐ Part Time ☐ Reserve/Volunteer ☐ Elected

☐ Union ☐ Non-Union ☐ Appointed ☐ Classified ☐ Unclassified ☐ FLSA Exempt

☑ Re-Classification Date: **3-11-2024** ☐ Promotion Date: _____ ☐ Demotion Date: _____

Title: **Acting Chief of Police** Department: **Safety/Police**

☐ Resignation ☐ Retirement ☐ Termination Date: _____ Benefits End: _____

PAYROLL STATUS: ☐ Increase ☐ Decrease ☐ Other _____

Current $_____ ☐ Hourly ☐ Bi-Weekly Change to: $_____ ☐ Hourly ☐ Bi-Weekly

Supervisor Signature/Date: _____ **Director Signature/Date:** Nicholle G Burton

(If documentation is not attached)

BENEFIT SELECTION UPON HIRE

IRS rules dictate that employees enrolled in medical, dental and vision cannot enroll, cancel or change enrollment options during the plan year except during an open enrollment, or in the event of a "change in status"/life event. It is the employee's responsibility to notify the HR Department of the life event within 31 days of the life event. Employees are encouraged to provide notification prior to 30 thirty days.

MEDICAL	DENTAL	VISION	LIFE	Deferred Comp	Documents to Attach for Payroll
☐ Single	☐ Single	☐ Single	☐ Term (Pd. By City)	☐ Selected	☐ W2 & W4
☐ Double	☐ Double	☐ Double	☐ Beneficiary Selected	$ _____/pay	☐ Retirement & SS Form
☐ Family	☐ Family	☐ Family	☐ Voluntary Coverage	☐ Declined	☐ Direct Deposit
☐ Waived	☐ Waived	☐ Waived	☐ Colonial Coverage		☐ Union Deduction
Effective Date	Effective Date	Effective Date	Effective Date	Employee's Email Address:	