

01 NEXT: EFF DT _____ EFF TM _____ PA CDE _____ NUM _____

02 AGENCY: RDC:
03 NAME: EMP NO:

04 NEW JOB: EMP# _____ AND AUTHNO _____ OR POSNO _____

05 F NAME: ADDRESS RELEASE: . END DTE: ../../..
T

06 F ADDRESS 1: ADDRESS 2:
T

07 F CITY: ST: .. ZIP: COUNTY: ..
T

08 F PROVINCE: COUNTRY:
T

09 F HOME PHONE: (...)...-..... BIRTHDATE: ../../..
T

10 F SEX: . ETHNIC: .. DISABLED: . SSN: ...-...-.....
T

11 F ORIGINAL HIRE DATE: ../../.. FINAL SEPARATION DATE: ../../..
T

12 F VET: DATE OF ENTRY: ../../.. DISCHARGE: ../../.. ELIG: ..
T

13 EFF D/T: PA:CDE NUM
14 PAY-DISTR
15 REMARKS:

EMPLOYEE: _____ DATE: _____

APPOINTING AUTHORITY: _____ DATE: _____

REPORT NO: DEPT OF ADMIN SVCS PPDB SYSTEM
 REPORT: PERSONNEL ACTION * * * EMPLOYEE JOB/PAY DATA * * * PAGE 2 OF 2
 01 NEXT: EFF DT _____ EFF TM _____ PA CDE _____ NUM _____
 02 AGENCY: POSNO: RDC:
 03 NAME: EMPNO: JOBNO: RETRO:
 04 POS CLS-COMP: RNG: FZP5:

05 F AUTHNO: FZP5: . EMPL STATUS: . FILL STATUS: .
 T
 06 F TRIAL SVC END: ../... WORK PHONE:(...)-... DIR PRINT: .
 T
 07 F APPT TYPE: . APPT METHOD: . APPT DATE: ../...
 T
 08 F CERT NUMBER: ANCMT TYP: .. DBL CODE: .
 T
 09 F PERFORMANCE APPRAISAL: DATE: ../... AGY USE CD: . SCORE:
 T
 10 F LEAVE CODE: ... LEAVE DATE: ../... LEAVE RETURN: ../...
 T
 11 F REC SVC DATE: ../... AGY SVC DATE: ../... REPR SVC DATE: ../...
 T
 12 F SEP CODE: .. SEP: DATE ../... LOCATION XA/LD REASON: .
 T
 13 F SVC SCORE: LAYOFF SVC DATE: ../... APPT AGY:
 T
 14 F PRIOR SVC: SOURCE MONTHS SEP DATE ../...
 T

 15 F CLS COMP: RNG ... WORK:CLS COMP RNG ...
 T
 16 F BASE: BASIS: . PAY: OFF STEP: .
 T
 17 F SED: ../... REPR REASON: . FZE: . AT MAX: . STEP: ..
 T
 18 F FULL/PART CDE: . F/P PCT: PERS CDE: WAGE/JOB CLASS .
 T
 19 F BENEFIT: .. LEAVE ACCR: . FLSA: . OVERTIME: .
 T
 20 F WORK SCHED: PAY DISTR: PR AGENCY: EEO: .
 T
 21 F FIX DIF TYPE/FMLA/AMT: 1) ... 2) ... 3) ...
 T
 22 F LABOR COSTS/PERCENT: 1) 2)
 T
 23 F 3) 4)
 T
 24 F CO/CITY: ... MASS TRANSIT: . HOLIDAY: . TIMESHEET: . RDC:
 T
 25 F AGYUSE/DISP:.....
 T
 26 EFF D/T: PA:CDE NUM
 27 END DTE: CREATE DTE: PAY-DISTR
 28 REMARKS:

APPOINTING AUTHORITY: _____ DATE: _____
 EMPLOYEE: _____ DATE: _____
 STAMP: ACT DT/TM USERID TERM PGM
 DEPT OF ADMIN SVCS PERSONNEL ACTION (PA) FORM PD 124-2 (06/07) 00000000