

2011-2012 PERSONNEL ACTION REQUEST

A Social Security Number _____ First Name _____ M.I. _____ Last Name _____ Sfx. _____

- New Employee (Not employed in Assembly since January 1, 1983)—Complete Blocks A, B, C, D, F, G, I, and J.
- Reinstated/Reappointed (Previously employed in Assembly since January 1, 1983)—Complete Blocks A, B, C, D, F, G, I, and J.
- Transfer (Employee transferring from one Member/Unit to another Member/Unit)—Complete Blocks A, B, C, D, F, G, I, and J.
- Salary Adjustment (No change in Payroll Designation)—Complete Blocks A, C, E, I, and J. B for Title Changes.
- Change of Employment Dates and/or Payroll Designation—Complete Blocks A, B, C, D, F (if applicable), G (if applicable), I, and J.
- Personnel Actions not Affecting Allocations—Complete Blocks A, B, C, I, and J as needed.
- Terminations, Resignations, Leave Without Pay—Complete Blocks A, H, I, and J as needed.

B Member/Unit: Vito Lopez (_____)
 Job Title: Legislative Counsel (_____)
(A completed "Oath of Office", and "Job Description" and "Employee Designation—Financial Disclosure" must accompany this PAR)
 Payroll Designation: Annual Full Time (A) Annual Legislative (L) Annual Part Time (P) Session (S)
 (Check one box) Temporary (T)
 Supervisor: _____ Designated Time Sheet Supervisor: _____
 Public Information Address: (Please check appropriate box)
 Capitol, Albany Other 434 South 5th St
(Must be a District Office address or other official Assembly address)
 Work Address: (Location where employee is assigned)
434 South 5th St Tel. #: (_____)
Brooklyn NY 11211
 Mailing Address: Payroll Check Distribution (Complete if different from Public Information Address.)
 Must be a District Office address or other official Assembly address.
250 Broadway

C Term of This Employment Authorization
 Beginning Date: 1/1/2012 End Date: (Check the box which applies):
 12/31/11
 12/31/12
 Other _____

D Salary
 Annual Full Time (A), Annual Legislative (L) or Annual Part-Time (P) Payrolls
 \$ 50,000 Annual Salary Rate
 Session (S) or Temporary (T) Payrolls
 \$ _____ Total Salary Amount for the period of employment

E Salary Increase/Decrease (For Salary Adjustments only)
 New Annual Salary Rate (Applies to A, L, P Payroll types only)
 Amount: \$ _____
 Salary Adjustment for Period Specified in Block C (Applies to any payroll type)
 Amount: \$ _____
 Increase Decrease

F Leave Accruals
 Complete this section for New, Reinstated, Reappointed or Transferring employees; or Payroll Designation changes. Check only one box.
For A, L, P Payrolls Only
 I authorize the Assembly Human Resources Department/Minority Administration and Personnel to compute leave accruals in accordance with the "Rules and Regulations Relating to the Crediting and Reporting of Time and Attendance", and I do not wish to set limits on the availability or use of leave.
 This is mandatory for all S, T Payrolls and optional for A, L, P Payrolls
 I will complete a Time Bank Form for this employee. (Check this box if you wish to limit the availability or use of leave in accordance with the "Rules and Regulations Relating to the Crediting and Reporting of Time and Attendance").

G Benefits Eligibility
 For Annual Part-Time (P), Session (S) and Temporary (T) Payrolls, please estimate over the period of employment, the average anticipated hours per pay period _____. Note: Limited benefits are available to employees on the Session "S" and Temporary "T" Payrolls.

H Termination, Resignation, Leave without Pay
 Check the appropriate box and explain under "Reason" below: Please enter anticipated date of return:
 TERMINATION RESIGNATION LWOP _____ OTHER _____
 Ending Date: _____ Reason/Name of New Employer if State Agency: _____
 Mo. Day Yr.

I APPOINTING AUTHORITY/DEPARTMENT HEAD SIGNATURE X Vito Lopez Date: 12/7/11
 Appointing Authority/Department Head Name (please type) _____ (_____)
 Unit Code _____

J Remarks: _____