2011-2012 PERSONNEL ACTION REQUEST

A

Social Security Number | First Name [redacted] | M.I. | Last Name [redacted] | Sfx.

- [x] **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: M/A Lopez (1345 Unit Code)

Job Title: Legislative Assistant (Title Code)

(A completed "Oath of Office", and "Job Description" and "Employee Designation–Financial Disclosure" must accompany this PAR)

Payroll Designation: [x] Annual Full Time **(A)** [ ] Annual Legislative **(L)** [ ] Annual Part Time **(P)** [ ] Session **(S)**
(Check one box) [ ] Temporary **(T)**

Supervisor: A Perez **Designated Time Sheet Supervisor:** Hartavy/Gonzalez

Public Information Address: (Please check appropriate box)

[x] Capitol, Albany [ ] Other _____

(Must be a District Office address or other official Assembly address)

Work Address: (Location where employee is assigned)
Rm 943 LOB Tel. #: ( )
Albany NY 12248

Mailing Address: Payroll Check Distribution (Complete if different from Public Information Address.)
Must be a District Office address or other official Assembly address. _____

C Term of This Employment Authorization

Beginning Date: 4/16/12

End Date: (Check the box which applies):
- [ ] 12/31/11
- [x] 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

[x] 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".)

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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:

[ ] TERMINATION [ ] RESIGNATION [ ] LWOP _____ [ ] OTHER

Please enter anticipated date of return:

Ending Date: Mo. ____ / Day ____ / Yr. ____

Reason/Name of New Employer if State Agency: _____

I **APPOINTING AUTHORITY/DEPARTMENT HEAD SIGNATURE** X [signature] Date: 3/30/12

Appointing Authority/Department Head Name (please type) _____ (_____ Unit Code)

J Remarks: _____

Rev. 8/11

White–Accounting Dept. copy **Yellow**–Personnel copy **Pink**–Appointing Authority copy **Gold**–Benefits Sec

NYA 009509