

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: Hon. Vito J. Lopez (B45)
Unit Code

Job Title: _____ (_____)
Title Code

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

Work Address: (Location where employee is assigned) _____ Tel. #: (_____)

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: 5-24-12

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
 \$ _____
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: \$ 2,000.00
 Increase Decrease

F Leave Accruals

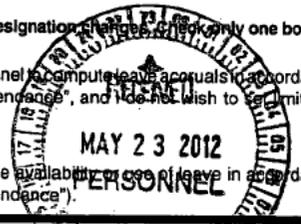
Complete this section for New, Reinstated, Reappointed or Transferring employees; or Payroll Designation of Session (S) only one box.

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

[Handwritten Signature]

Date: 5-23-12

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

J Remarks: _____