

2007-2008 PERSONNEL ACTION REQUEST

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.
- 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 J. Lopez (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: Annual Full Time (A) Annual Legislative (L) Annual Part Time (P) Session (S)

(check one box) Temporary (T)

Supervisor: Levin Designated Time Sheet Supervisor: Levin

Public Information Address: (Please check appropriate box)

Capitol, Albany Other 43A South St (must be a District Office address or other official Assembly address)

Work Address: (location where employee is assigned) see above Tel. # ()

Mailing Address - Payroll Check Distribution (Complete if different from Public Information Address.) Must be a District Office address or other official Assembly address. 150 Broadway

C Term of This Employment Authorization

Beginning Date: 11/7/06 End Date (check the box which applies):

12/31/07

12/31/08

Other

D Salary

Annual Full Time (A), Annual Legislative (L) or Annual Part-Time (P) Payrolls \$ <u>47,000</u> Annual Salary Rate	Session (S) or Temporary (T) Payrolls \$ _____ Total Salary Amount for the period of employment
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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 \$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease
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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:

TERMINATION RESIGNATION LWOR

Ending Date: Mo. Day Yr. Reason/Name of New Employer if State Agency

Please enter anticipated date of return: NOV 18 2008

I APPOINTING AUTHORITY/DEPARTMENT HEAD SIGNATURE [Signature] Date: 11/18/08

Appointing Authority Department Head Name (please type) Vito J. Lopez (Unit Code) B45

J Remarks

2011-2012 PERSONNEL ACTION REQUEST

A [REDACTED] [REDACTED] [REDACTED] [REDACTED]

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 (Unit Code _____)

Job Title: Chief of Staff (Title Code _____)

(A completed "Duty 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: Lopez Designated Time Sheet Supervisor: Lopez

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
Brooklyn NY 11211 Tel. #: [REDACTED]

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: 1/1/11 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

\$ 88,000 Per Member ^{1/yr}
 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

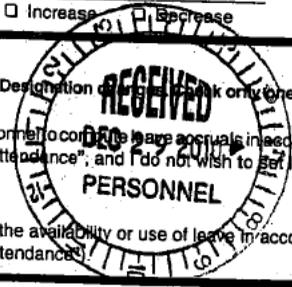
F Leave Accruals

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

For A, L, P Payrolls Only

I authorize the Assembly Human Resources Department/Minority Administration and Personnel to complete 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:

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: 11/29/10

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

J Remarks: _____