2009-2010 PERSONNEL ACTION REQUEST

Social Security Number
First Name
M.I.
Last Name
St.

☐ New Employee (Not employed in Assembly since January 1, 1983) – Complete Blocks A, B, C, D, E, F, G, I, and J.
☐ Reinstated/Reappointed (Previously employed in Assembly since January 1, 1983) – Complete Blocks A, B, C, D, E, F, G, I, and J.
☐ Transfer (Employee transferring from one Member/Unit to another Member/Unit) – Complete Blocks A, B, C, D, E, 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, E, F, G, I, and J.
☐ Terminations, Resignations, Leave Without Pay – Complete Blocks A, H, I, and J as needed.

B
Member/Unit:  
Job Title: LEGIS. LBR INTL
Payroll Designation: 
Supervisor:  
Designated Time Sheet Supervisor:  
Public Information Address: (Please check appropriate box)
☐ Capitol, Albany OR Other
Work Address: (location where employee is assigned)
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:  
End Date (check the box which applies):
☐ 12/31/09
☐ 12/31/10
☐ Other

D
Salary
Annual Full Time (A), Annual Legislative (L) or Annual Part-Time (P) Payrolls $ 
Annual Salary Rate $ 
Total Salary Amount for the period of employment

E
Salary Increase/Decrease
(For Salary Adjustments only)
New Annual Salary Rate $ 
Salary Adjustment for Period Specified in Block C (Applies to any payroll type) $ 
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:
☐ TERMINATION
☐ RESIGNATION
Ending Date Mo. Day Yr.
Reason/Name of New Employer if State Agency

I
APPOINTING AUTHORITY/DEPARTMENT HEAD SIGNATURE
Appointing Authority Department Head Name (please type)

J
Remarks

Rev. 11/7/08 WO/4662 White- Accounting Dept. copy; Yellow- Personnel dept. copy; Pink-Appointing Authority copy; Gold-Benefits Soc.

NYA 009505