

STATE OF ALABAMA  
PERSONNEL ACTION FORM  
SCREEN ID = ESMT

EMPLOYEE ID: \_\_\_\_\_ APPOINTMENT ID: \_\_\_\_\_ ORIGINAL APPOINTMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME (FIRST, MIDDLE, LAST): \_\_\_\_\_

SUFFIX: \_\_\_\_\_

EEO F/T FLAG: \_\_\_\_

PER ACTION/REASON: \_\_\_\_/\_\_\_\_ EFFECTIVE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE STATUS: \_\_\_\_ DATE ENTERED CLASS: \_\_\_\_/\_\_\_\_/\_\_\_\_ PROBATIONARY END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYEE TYPE: \_\_\_\_\_ PERMANENT/TEMPORARY: \_\_\_\_ PERCENT FULL-TIME: \_\_\_\_\_

TITLE/SUB-TITLE CODE: \_\_\_\_/\_\_\_\_ OPTION CODE: \_\_\_\_\_ GRADE: \_\_\_\_\_ STEP: \_\_\_\_\_

ANNUAL RAISE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ LV PROG START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ BLWOP DT: \_\_\_\_/\_\_\_\_/\_\_\_\_ RLWOP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AGENCY/ORGN CODE: \_\_\_\_/\_\_\_\_ POS NO: \_\_\_\_\_ DIFF STEPS: \_\_\_\_/\_\_\_\_ PAYROLL NO: \_\_\_\_\_

TABLE DRIVEN PAY: \_\_\_\_ PAY RATE: \_\_\_\_\_ AMT BASIS: \_\_\_\_\_ PAY CLASS CD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ REC REM: \_\_\_\_ WORK COUNTY: \_\_\_\_\_ SEX: \_\_\_\_\_ ETHNIC CD: \_\_\_\_\_

OVERRIDE PAY POLICY AGREEMENT: \_\_ OVERRIDE LEAVE POLICY AGREEMENT: \_\_ OVERRIDE DEDUCTION POLICY AGREEMENT: \_\_

OVERRIDE FLSA EX: \_\_\_\_\_ OVERRIDE FLSA PROFILE: \_\_\_\_\_ OVERRIDE GRADE: \_\_\_\_\_

PAY TYPE	RATE CODE	AMOUNT OR PERCENT	EFFECTIVE DATE	EXPIRATION DATE
01- _____	_____	_____	____/____/____	____/____/____
02- _____	_____	_____	____/____/____	____/____/____
03- _____	_____	_____	____/____/____	____/____/____

PREPARED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE PREPARED: \_\_\_\_/\_\_\_\_/\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTERED BY: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE ENTERED: \_\_\_\_/\_\_\_\_/\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

