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 REMP: _____
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: __/_/____