

## PERSONNEL ACTION FORM NON-PERMANENT HOURLY

SID#	I	Dept				Mail S	Stop		Date Prepared	
Name (last name first)						Supervisor			Extension	
								l		
Address (number/street) (city) (state)					(ZIP)			Telephone		
EMPLOYMENT BASIS					WORK	SCHE	DHE			
Up to 69 hours per month on an ongoing						WORK SCHEDULE Daily Schedule				
70 or more hours per month on an ongoing (Requires prior HR approval)						Total Hours per Week On Call				
☐ Short-term project less than 1 month ☐ Short-term project* 20+ hours per week not to exceed 4 months						Is this position retirement eligible?  Yes  No				
(*Attach Project Description)						(Requires prior HR approval)				
ACTION										
ACTION  New Appointment  Budget Code – addition (to existing codes)  Termination										
Reappointment Budget Code – addition (to existing codes) Termination  Reappointment Budget Code – change (replace current code) Other										
☐ Change of Classification ☐ Salary Rate Change ☐ Employee Type Change ☐ Work Schedule Change										
EFFECTIVE DATES			te of Hire	T	ination	Data	1			
From To		Da	16	Termination 1		BUDGET CODE				
							(Includ	e all possibl	le budget codes for this year)	
	nlesse	General Job Specifications please check appropriate boxes related to position					Appr – Prog – Org – Obj – Sub			
Job Title/Classification	Level	Responsibility Knowledge Judgment		Hourly	Rate			AD - 00		
☐ Non-Permanent Hourly 1										
-	Low	Ш	Ш	Ш	\$					
Non-Permanent Hourly 2	Mid				\$					
☐ Non-Permanent Hourly 3	High				\$					
New Democrat Header 4	Highly Specialized Position, VP Signature Required prior to sending to Human				¢	\$			AD - 00	
☐ Non-Permanent Hourly 4	Resources	Þ	Φ							
<b>NOTICE TO EMPLOYEE:</b> In accordance with WAC 357-04-045 as a non-permanent hourly employee you are exempt from the civil service rules. You may not exceed 1,050 hours in any 12 consecutive month period from your original date of hire. (Employees who work more than one										
position or program will have all the hours combined for the total hour worked.)										
REMARKS										
Supervisor/Budget Authority (print name)						ior Director of Human Resources Da tifying Payroll Officer		Date		
						. •				
Supervisor/Budget Authority (signature) Date					Other Rec	Other Required Signatory Date				

Distribution: Payroll, HR Office

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