



L.I. Child and Family Development Services, Inc.

PERSONNEL ACTION NOTICE

PERSONAL INFORMATION

NAME:	S.S.#	D. O. H.
ADDRESS:		
Tel. () -		

EMPLOYMENT CLASSIFICATION / CHANGE

Regular: F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temporary: F/T <input type="checkbox"/> P/T <input type="checkbox"/> Date End: _____	<div style="text-align: right;">Replacement <input type="checkbox"/></div> Employee Replaced: _____ <div style="text-align: center;"> On Leave <input type="checkbox"/> Resigned <input type="checkbox"/> Transferred <input type="checkbox"/> Terminated <input type="checkbox"/> </div> <hr/> <div style="text-align: center;"> New Position <input type="checkbox"/> Vacancy <input type="checkbox"/> Expansion <input type="checkbox"/> QIP <input type="checkbox"/> Transfer <input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Salary Change <input type="checkbox"/> Hours Change <input type="checkbox"/> Weeks Change <input type="checkbox"/> Other Change <input type="checkbox"/> </div>
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EMPLOYMENT CATEGORY

Executive Professional Administrative Support Para-Professional Technical

ACTION

DESCRIPTION	CURRENT/NEW	EDUCATION	CHANGE TO	EDUCATION
Position Title				
Center				
Department Number				
Hourly/ Salary				
Grade/ Step				
No. Hrs. Per Week				
No. Weeks Per Year				

Reason for Action: _____

FOR CENTRAL OFFICE USE ONLY

<input type="checkbox"/> If retroactive. Explain below	Policy Council Approved: _____ Effective Date: _____
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_____	_____	_____	_____
Center Manager/Supervisor	Date	Human Resources	Date
_____	_____	_____	_____
Supervisor/Director	Date	Chief Executive Officer	Date