



**CITY OF JURUPA VALLEY
PERSONNEL ACTION FORM (PAF)**

Employee ID# _____

Today's Date: _____

Name: _____

PERSONNEL ACTIONS (check all that apply)

_____ New Hire _____ Leave of Absence _____ Personal Change

_____ 90 Day Eval _____ Annual Review _____ Other _____

PERSONAL INFORMATION

New Address: _____

Home Phone #: _____

Cell Phone #: _____

JOB STATUS INFORMATION

Effective Date: _____ Dept: _____ Job Title: _____

Work Status: Full Time _____
(32 hours or more per week)

Part Time _____
(less than 32 hours per week)

Payroll Status:

_____ Increase _____ Decrease _____ No Change

Current: \$ _____ Hourly Salary Change to: \$ _____ Hourly Salary

LEAVE OF ABSENCE

Type of Leave: _____

Last Day Worked: _____

Anticipated RTW Date: _____

Actual RTW Date: _____

(RTW – Return To Work)

SEPARATION OF EMPLOYMENT

Reason: _____

Actual Last Day Worked: _____

City owned equipment returned: Yes _____

No _____

Employee Signature

Date

Supervisor Signature

Date