

CITY OF SAN BRUNO
An Equal Opportunity/Affirmative Action Employer
Personnel Action Form (Part-Time Temp Hourly Employees)

Action 1 _____ Action 2 _____ Action 3 _____

1 Name: _____ **2** _____
Last First Initial Effective Start Date
Street: _____ City: _____ Effective End Date
Telephone No.: _____ State: _____ Zip: _____ Next Step Increase Date

3 P Dept _____ Div _____ **4** P Dept _____ Div.: _____
R Title _____ R Title _____
E Step: _____ Mo. Salary: _____ Hrly. Salary _____ E Step: _____ Mo. Salary: _____ Hrly. Salary _____
N % Add to Pay: _____ % Mo. Salary _____ Hrly. Salary _____ D % Add to Pay: _____ % Mo. Salary _____ Hrly. Salary _____
T

5 Replacement for _____ New Position Authorized _____ Date _____

6 Explanation of Action

Recommended by _____ Date _____
Department Head

Reviewed by _____ Date _____
Human Resources

Approved by _____ Date _____
City Manager / Assistant City Manager

Processed by _____ Date _____
Payroll