CITY OF SAN BRUNO

An Equal Opportunity/Affirmative Action Employer

Personnel Action Form

Action 1 _____ Action 2 _____ Action 3 _____

1 Name: _____
Last First Initial

Street: _____ City: _____

Telephone No.: _____ State: _____ Zip: _____

2 _____ Effective Start Date

_____ Effective End Date

_____ Next Step Increase Date

3 PRESENT

Dept _____ Div _____

Title _____

Step: _____ Mo. Salary: _____ Hourly _____

% Add to Pay: _____ % Add $0.00

% Add to Pay: _____ % Add $0.00

$ Add to Pay: Add _____

Total Monthly Salary $0.00 Total Hourly $0.00

4 PROPOSED

Dept _____ Div.: _____

Title _____

Step: _____ Mo. Salary: _____ Hourly _____

% Add to Pay _____ % Add $0.00

% Add to Pay _____ % Add $0.00

$ Add to Pay Add _____

Total Monthly Salary $0.00 Total Hourly $0.00

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