

2011-2012 PERSONNEL ACTION REQUEST

A Social Security Number: [Redacted] First Name: [Redacted] M.I.: [Redacted] Last Name: [Redacted] Sfx: [Redacted]

- New Employee (Not employed in Assembly since January 1, 1983)—Complete Blocks A, B, C, D, F, G, I, and J.
- Reinstated/Reappointed (Previously employed in Assembly since January 1, 1983)—Complete Blocks A, B, C, D, F, G, I, and J.
- Transfer (Employee transferring from one Member/Unit to another Member/Unit)—Complete Blocks A, B, C, D, F, G, I, and J.
- Salary Adjustment (No change in Payroll Designation)—Complete Blocks A, C, E, I, and J. B for Title Changes.
- Change of Employment Dates and/or Payroll Designation—Complete Blocks A, B, C, D, F (if applicable), G (if applicable), I, and J.
- Personnel Actions not Affecting Allocations—Complete Blocks A, B, C, I, and J as needed.
- Terminations, Resignations, Leave Without Pay—Complete Blocks A, H, I, and J as needed.

B Member/Unit: Vito Lopez / Assembly (B45) Unit Code

Job Title: Legislative Assistant Title Code

(A completed "Oath of Office", and "Job Description" and "Employee Designation—Financial Disclosure" must accompany this PAR)

Payroll Designation: Annual Full Time (A) Annual Legislative (L) Annual Part Time (P) Session (S)

(Check one box) Temporary (T)

Supervisor: Debra Feinberg Designated Time Sheet Supervisor: Debra Feinberg

Public Information Address: (Please check appropriate box)

Capitol, Albany Other: 434 South 5th Street, Brooklyn, NY 11211
(Must be a District Office address or other official Assembly address)

Work Address: (Location where employee is assigned)

434 South 5th Street, Brooklyn, NY 11211 Tel. #: (718) 963-7029

Mailing Address: Payroll Check Distribution (Complete if different from Public Information Address.)
Must be a District Office address or other official Assembly address. 250 Broadway

C Term of This Employment Authorization

Beginning Date: 3/3/11 End Date: (Check the box which applies):

12/31/11 12/31/12 Other

D Salary

Annual Full Time (A), Annual Legislative (L) or Annual Part Time (P) Payroll: \$ 45,000 Annual Salary Rate

Session (S) or Temporary (T) Payroll: \$ _____ Total Salary Amount for the period of employment

E Salary Increase/Decrease

(For Salary Adjustments only) New Annual Salary Rate: (Applies to A, L, P Payroll types only) Amount: \$ _____

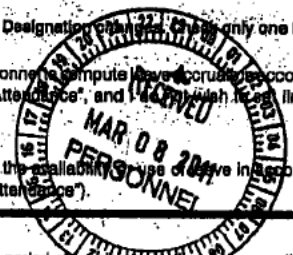
Salary Adjustment for Period Specified in Block C (Applies to any payroll type) Amount: \$ _____ Increase Decrease

F Leave Accruals 70

Complete this section for New, Reinstated, Reappointed or Transferring employees; or Payroll Designation (S, T, L, P) only one box.

For A, L, P Payrolls Only
I authorize the Assembly Human Resources Department/Minority Administration and Personnel to compute leave accruals in accordance with the "Rules and Regulations Relating to the Crediting and Reporting of Time and Attendance", and I agree to the limits on the availability or use of leave.

This is mandatory for all S, T Payrolls and optional for A, L, P Payrolls
I will complete a Time Bank Form for this employee. (Check this box if you wish to limit the availability or use of leave in accordance with the "Rules and Regulations Relating to the Crediting and Reporting of Time and Attendance".)



G Benefits Eligibility

For Annual Part-Time (P), Session (S) and Temporary (T) Payroll, please estimate over the period of employment the average anticipated hours per pay period. Note: Limited benefits are available to employees on the Session "S" and Temporary "T" Payrolls.

H Termination, Resignation, Leave without Pay

Check the appropriate box and explain under "Reason" below: Please enter anticipated date of return:

TERMINATION RESIGNATION LWOP OTHER

Ending Date: Mo. / Day / Yr. Reason/Name of New Employer if State Agency: _____

I APPOINTING AUTHORITY/DEPARTMENT HEAD SIGNATURE Vito Lopez Date: 3/7/11

Appointing Authority/Department Head Name (please type): Vito Lopez Unit Code: _____

J Remarks: _____