2011-2012 PERSONNEL ACTION REQUEST

A

| Social Security Number | First Name | M.I. | Last Name | Sfx. |

☐ **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: _Hon. Vito J. Lopez_ (_B45_)
Unit Code

Job Title: _____ (_____)
(A completed "Oath of Office", and "Job Description" and "Employee Designation–Financial Disclosure" must accompany this PAR)   Title Code

Payroll Designation: ☐ Annual Full Time **(A)**   ☐ Annual Legislative **(L)**   ☐ Annual Part Time **(P)**   ☐ Session **(S)**
(Check one box)   ☐ Temporary **(T)**

Supervisor: _____   Designated Time Sheet Supervisor: _____

Public Information Address: (Please check appropriate box)
☐ Capitol, Albany   ☐ Other _____
(Must be a District Office address or other official Assembly address)

Work Address: (Location where employee is assigned)
_____   Tel. #: (_____) _____

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

C Term of This Employment Authorization
Beginning Date: _7/2/12_   _per member 6/29/12_

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)** Payrolls	Session **(S)** or Temporary **(T)** Payrolls
$ _____ Annual Salary Rate	$ _____ 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: $ _3,000_   _per Member 6/29/12_
☒ Increase   ☐ Decrease

F Leave Accruals
Complete this section for New, Reinstated, Reappointed or Transferring employees; or Payroll Designation changes. Check 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 do not wish to set 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").
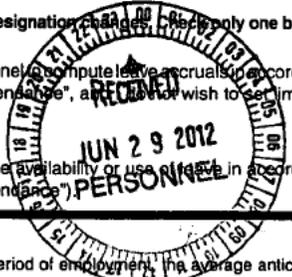
G Benefits Eligibility
For Annual Part-Time **(P)**, Session **(S)** and Temporary **(T)** Payrolls, please estimate over the period of employment, the average anticipated hours **per pay period** _____ . Note: Limited benefits are available to employees on the Session "S" and Temporary "T" Payrolls.

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

I APPOINTING AUTHORITY/DEPARTMENT HEAD SIGNATURE **X** _____   Date: _6/27/12_

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

J Remarks: _____

Rev. 8/11

White–Accounting Dept. copy   Yellow–Personnel copy   Pink–Appointing Authority copy   **Gold–Benefits Sec**

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