To process a new action, complete the Human Resources Action Form and submit it to the Human Resources Management Division by following the [instructions](#Instructions) provided on pages three (3) through four (4) of this document.

|  |  |
| --- | --- |
| Employee Name | BEACON Employee #      |
| Division Choose One |  |
| **CURRENT POSITION** | **NEW/PROPOSED POSITION**  |
| Position Title Grade  | Position Title Grade       |
| Position # | Position #      |
| Salary: | Salary:      |
| Shift: [ ] Day [ ] Evening [ ] Night | Shift: [ ] Day [ ] Evening [ ] Night |
| Work Schedule: | Work Schedule:      |
| Supervisor Name & Position # | Supervisor Name & Position #      |

|  |
| --- |
| **BUDGET/SALARY INFORMATION**Requested Salary: PLEASE INCLUDE HOURLY SALARY, BILLING RATE AND FUNDING CODE FOR TEMPSBudgeted Salary: Salary Reserve Needed:      [ ] Salary Exception (Increase of 20% or more) [ ]  Temporary Funding:       (MANDATORY)  |
| **POSITION ACTIONS**Effective Date: [ ] Request to Post Position[ ] Increase Budgeted Salary☐New Temporary Position☐Temporary Position☐Create New Position[ ] In-Range Adjustment – Job Change[ ] In-Range Adjustment – Equity[ ] In-Range Adjustment – Temporary [ ] Cancel In-Range Adjustment [ ] Reallocation[ ] Position Transfer[ ] Supervisor Change of Position[ ] Work Schedule Change |
| **LEAVE OF ABSENCE**Effective Date:     Type of Leave:[ ] Medical [ ] Military[ ] Workers Compensation[ ] Personal[ ] STD 60 day Waiting Period: From:      To:     [ ] Short Term Disability[ ] Reinstate from LOA[ ] OtherLast Day Worked:       Anticipated Return Date:       |
| **SEPARATIONS**Effective Date:      Last Workday:     [ ] Resigned[ ] Transferred to Another State Agency: (Agency Name):     [ ] Dismissed[ ] Probationary Appointment Term[ ] Retired[ ] Temporary Appointment Ended[ ] Reduction in Force[ ] Death |
| **JUSTIFICATION**  |
| **DIVISION APPROVAL**Division Director Name: --Select Your Name From The List--Division Director Signature & Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Temporary Employees Driving a State Vehicle* *Division Director Signature & Date of Approval*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **DEPARTMENTAL APPROVAL \* FOR HUMAN RESOURCES MANAGEMENT USE ONLY\***Deputy Secretary Signature & Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Human Resources Director Signature & Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chief Financial Officer Signature & Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secretary Signature & Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |