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 TEMPS  Budgeted 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  Other  Last 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |