



# PERSONNEL STATUS FORM

City of Beloit, Kansas

Department:	Date:
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EMPLOYEE NAME:

Complete this section for new employees or changes in address	ADDRESS 1:		
	ADDRESS 2:		
	City:	State:	Zip:
	Social Security No.:		Telephone No.:

**PERSONNEL ACTION REQUEST**

<input type="checkbox"/> New Employee	<input type="checkbox"/> Demotion
<input type="checkbox"/> Promotion/Range Change	<input type="checkbox"/> Separation
<input type="checkbox"/> Position Reclassification	<input type="checkbox"/> Suspension/Reinstatement
<input type="checkbox"/> Reallocation	<input type="checkbox"/> Leave/Return from Leave (explanation below)
<input type="checkbox"/> Merit Increase	<input type="checkbox"/> Other:
<input type="checkbox"/> Cost of Living	

**Status:**

<input type="checkbox"/> Full-time	<input type="checkbox"/> Temporary/Seasonal
<input type="checkbox"/> Part-time, with Benefits	<input type="checkbox"/> Part-time, No Benefits

**Category:**

<input type="checkbox"/> Classified	<input type="checkbox"/> FLSA Exempt
<input type="checkbox"/> Unclassified	<input type="checkbox"/> FLSA non Exempt

**DETAIL OF PROPOSED ACTION**

New Hire/Before Change	After Change
Position Title:	Position Title:
Grade                      Rate: \$	Grade:                      Rate: \$
Step:	Step:
Budget Line # 1.:                      %:      2.:                      %:      3.:                      %:	
Explanation/Justification:	
Effective Date of Proposed Action:	

Approved:

_____ Department Head Signature	_____ Date	Personnel:  Date:
_____ City Administrator Signature	_____ Date	

Copies: Department       Payroll       Employee