



State Human Resources Office

Arizona Department of Emergency & Military Affairs

Personnel Action Form - 303

Name: _____ EIN: _____ Effective Date: _____

- Action:** (check all that apply)
- New Hire
 - Rehire
 - Pay Change
 - Shift Change
 - Stipend (specify in comments)
 - Appointment to New Position
 - Funding Change
 - Transfer to from Other State Agency (specify in comments)
 - Separation (specify reason in comments)
 - Other (specify in comments)
- Leave of Absence: FMLA MIL Begin End
 LWOP Other

Current:	
Title:	_____
Position #:	_____
Class Code:	_____ Grade: _____
Salary:	_____ <input type="radio"/> Hourly <input type="radio"/> Annually
Supervisor:	_____
Location:	_____
Process Level:	_____
Dept Code:	_____
Activity (PCA):	_____ Expense(Index) _____ % _____
Activity (PCA):	_____ Expense(Index) _____ % _____
Status:	_____ Shift: _____ Benefits: _____
Work Schedule:	_____
Work Hours:	_____ Military Status: <input type="radio"/> Yes <input type="radio"/> No

New:	
Title:	_____
Position #:	_____
Class Code:	_____ Grade: _____
Salary:	_____ <input type="radio"/> Hourly <input type="radio"/> Annually
Supervisor:	_____
Location:	_____
Process Level:	_____
Dept Code:	_____
Activity (PCA):	_____ Expense(Index) _____ % _____
Activity (PCA):	_____ Expense(Index) _____ % _____
Status:	_____ Shift: _____ Benefits: _____
Work Schedule:	_____
Work Hours:	_____ Military Status: <input type="radio"/> Yes <input type="radio"/> No

Employee Office Phone: _____ Supervisor Office Phone: _____

Comments:

Approval Signatures

Supervisor: _____ Print: _____ Date: _____

Division Director: _____ Print: _____ Date: _____

Budget: _____ Print: _____ Date: _____

Human Resources: _____ Print: _____ Date: _____

Human Resources Use Only					
Entered into HRIS by:	Data Entry Date:	Applicant Number:	Term Pending:	Term Final:	Copy to Payroll: