|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO:** | | Natural Resource Service Center – Human Resources | | | | | | | **DATE:** | | | | 3/19/2022 | | | | | |
| **REGION:** | | **Southern Region** | | | | | **TEL:** | | | | |  | | | | | | |
| **SUBJECT:** | | REQUEST FOR PERSONNEL ACTION | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Please take the following action on this employee: | | | | | | | | | | | | | | | | | | |
| **Employee Name:** |  | | **Job Class:** |  | | | | | | **Position #:** | | | | | |  | | |
|  | **Supervisor’s name:** | | | |  | | | | | | | | | | | | | |
|  | | | | | **Dept. Name:** | | | | | | | | | | **Notes:** | | | |
|  | New Hire – Shift  1st  2nd  3rd  Swing shift | | | |  | | | | | | | | | |  | | | |
|  | Acting Capacity | | | |  | | | | | | | | | |  | | | |
|  | Promote/Transfer from another department. | | | |  | | | | | | | | | |  | | | |
|  | Promote (Internal) | | | |  | | | | | | | | | |  | | | |
|  | Transfer (Internal) | | | |  | | | | | | | | | |  | | | |
|  | Demotion | | | |  | | | | | | | | | |  | | | |
|  | Temp Comp (In-house Acting Capacity) | | | |  | | | | | | | | | |  | | | |
|  | Acting Capacity to Classified | | | |  | | | | | | | | | |  | | | |
|  | N/S pay: Begin: **Click here to enter a date.**  End: **Click here to enter a date.** | | | |  | | | | | | | | | |  | | | |
| 1a. **Seasonal Leaves** : | | | | | | | | | | | | | | | | | | |
|  | Does employee hold more than one seasonal position? | | | | | | | Yes | | |  | | | | | No | |  |
|  | Is employee being activated in another seasonal position? | | | | | | | Yes | | |  | | | | | No | |  |
|  | Begin Seasonal Leave date: | | | | | Date: | | **Click here to enter a date.** | | | | | | | | | | |
|  | Return from Seasonal Leave:  Shift: 1st  2nd   3rd Swing shift | | | | | Start date: | | **Click here to enter a date.** | | | | | | End date: | | | **Click here to enter a date.** | |
|  | | | | | | | | | | | | | | | | | | |
| 2a. Position Information - **TYPE:** | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Seasonal: FT  PT | Start date: | **4/3/2022** | | End Date: | Click here to enter a date. |
| Intermittent | Start date: | **Click here to enter a date.** | | End Date: | **Click here to enter a date.** |
| Full-Time | Start date: | **Click here to enter a date.** | | End Date: | **Click here to enter a date.** |
| Project | Start date: | **Click here to enter a date.** | | End Date: | **Click here to enter a date.** |
| Intern | Start date: | **Click here to enter a date.** | | End Date: | **Click here to enter a date.** |
| 2b. Position **CHANGE**  Information: | | | | | |
|  | CHANGE FROM: | | TO: | | |
| Position # |  | |  | | |
| Classification |  | |  | | |
| Geographic Location or HQ |  | |  | | |
| Bureau/Unit/Park/(Org) |  | |  | | |
| Effective Date: | Click here to enter a date. | | Click here to enter a date. | | |
| 1. Comments and/or additional information: | | | | | |
|  | | | | | |

NOTICE: All new employees are required by law to attend an orientation workshop sponsored by the NRSC within their first six (6) months of state employment.

All new supervisors are required by law to attend a workshop on managing in state government sponsored by NRSC upon being hired in a supervisory position.