

**CITY OF FAIRFIELD
PERSONNEL ACTION FORM**

ACTION
 NEW HIRE
 CHANGE

5/6/2019
Date

EMPLOYEE DATA

84939 05 White David A
 Employee Number Work Station Div Last Name First Name Middle Initial

 SSN DOB (mo/dy/yr) Home Phone Cellular Phone

 Address City Zip

Marital Status Single Married Gender Male Female

EMPLOYMENT DATES

 Hire Date Adj. Hire Cur. Posn. Appraisal Expect. Date Termination

SALARY OR OCCUPATION CHANGE

Present Position Occupation Title	Position Number Code	Proposed Position Occupation Title	Position Number Code
City Manager	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Pay Grade and Step <input type="checkbox"/> <input type="checkbox"/>	Hourly rate of pay <input type="checkbox"/>	Pay Grade and Step <input type="checkbox"/> <input type="checkbox"/>	Hourly rate of pay <input type="checkbox"/>

Explanation of Action _____ Effective Date 5/2/2019

Resignation. Last day worked May 2, 2019.

Direct Supervisor for Evaluation Purposes:

HOME ACCOUNT CODES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Distribution %
(Must equal 100%)**

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PERSONNEL USE ONLY

Union Code _____	Group Code _____
Employee Type _____	Employee Status _____
PERS Classic _____	Daily Hours _____
PERS New Mmbr _____	Function # _____
Race _____	W/C Code _____
Job # _____	Exemptions _____
Income Tax Code _____	Status _____ Dep _____
Federal _____	_____
State _____	_____

Redacted

 (Department Head) Date (City Manager/Authorized Representative) Date 5/6/19

Redaction Log

Reason	Page (# of occurrences)	Description
Redacted	1 (1)	Other redaction reasons.