

01 NEXT: EFF DT \_\_\_\_\_ EFF TM \_\_\_\_\_ PA CDE \_\_\_\_\_ NUM \_\_\_\_\_

02 AGENCY: ..... RDC:

03 NAME: \_\_\_\_\_ EMP NO: \_\_\_\_\_

04 NEW JOB: EMP# \_\_\_\_\_ AND POSNO \_\_\_\_\_ OR AUTHNO \_\_\_\_\_

05 LAST NAME: ..... FIRST NAME: .....  
T

06 MIDDLE NAME: ..... SUF: .... PREF NAME: .....  
T

07 PREV NAME: 1) ..... 2) .....  
T

08 ADDR1: ..... ADDR2: .....  
T

09 CITY: ..... STATE: .. ZIP: ..... COUNTY: ..  
T

10 PROVINCE: ..... COUNTRY: ..  
T

11 HOME PHONE: ...-...-..... CELL PHONE: ...-...-.....  
T

12 ADDRESS RELEASE CODE: . END DTE: ../../....  
T

13 BIRTHDATE: ../../.... SEX: . ETHNIC: .. DISABLED: . VETERAN:  
T

14 EMAIL: .....  
T

15 ORIGINAL HIRE DATE: ../../.... FINAL SEPARATION DATE: ../../....  
T

16 EFF D/T: PA:CDE NUM  
17 PAY-DISTR

18 REMARKS:

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPOINTING AUTHORITY: \_\_\_\_\_ DATE: \_\_\_\_\_

REPORT NO: DEPT OF ADMIN SVCS PPDB SYSTEM PAGE 2 OF 2  
 REPORT: PERSONNEL ACTION \* \* \* EMPLOYEE JOB/PAY DATA \* \* \*  
 01 NEXT: EFF DT \_\_\_\_\_ EFF TM \_\_\_\_\_ PA CDE \_\_\_\_\_ NUM \_\_\_\_\_  
 02 AGENCY: \_\_\_\_\_ POSNO: \_\_\_\_\_ RDC: \_\_\_\_\_  
 03 NAME: \_\_\_\_\_ EMP NO: \_\_\_\_\_ JOBNO: \_\_\_\_\_ RETRO: \_\_\_\_\_  
 04 POS CLS-COMP: \_\_\_\_\_ RNG: \_\_\_\_\_ FZP5: \_\_\_\_\_

05 F AUTHNO: ..... FZP5: . EMPL STATUS: . FILL STATUS: .  
 T  
 06 F TRIAL SVC END: ../../.. WORK PHONE:(...)...-..... DIR PRINT: .  
 T  
 07 F APPT TYPE: . APPT METHOD: . APPT DATE: ../../..  
 T  
 08 F CERT NUMBER: ..... ANCMT TYP: .. DBL CODE: .  
 T  
 09 F PERFORMANCE APPRAISAL: DATE: ../../.. AGY USE CD: . SCORE: . . . .  
 T  
 10 F LEAVE CODE: ... LEAVE DATE: ../../.. LEAVE RETURN: ../../..  
 T  
 11 F REC SVC DATE: ../../.. AGY SVC DATE: ../../.. SUPERVISOR: .....  
 T  
 12 F SEP CODE: .. SEP: DATE ../../.. LOCATION ..... XA/LD REASON: .  
 T  
 13 F SVC SCORE: ..... LAYOFF SVC DATE: ../../.. APPT AGY: .....  
 T  
 14 F PRIOR SVC: SOURCE ..... MONTHS ..... SEP DATE ../../..  
 T

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 15 F CLS COMP: ..... RNG ... WORK:CLS COMP ..... RNG ...  
 T  
 16 F BASE: ..... BASIS: . PAY: ..... OFF STEP: .  
 T  
 17 F SED: ../../.. REPR REASON: . FZE: . AT MAX: . STEP: ..  
 T  
 18 F FULL/PART CDE: . F/P PCT: ..... PERS CDE: WAGE/JOB CLASS: .  
 T  
 19 F BENEFIT: .. LEAVE ACCR: . FLSA: . OVERTIME: .  
 T  
 20 F WORK SCHED: ..... PAY DISTR: ..... PR AGENCY: ..... EEO: .  
 T  
 21 F FIX DIF TYPE/FMLA/AMT: 1) ... 2) ... 3) .....  
 T  
 22 F LABOR COSTS/PERCENT: 1) ..... 2) .....  
 T  
 23 F 3) ..... 4) .....  
 T  
 24 F CO/CITY: MASS TRANSIT: HOLIDAY: TIMESHEET: RDC:  
 T  
 25 F AGYUSE/DISP:.....  
 T  
 26 EFF D/T: PA:CDE NUM  
 27 END DTE: CREATE DTE: PAY-DISTR  
 28 REMARKS:

APPOINTING AUTHORITY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 STAMP: ACT DT/TM USERID TERM PGM  
 DEPT OF ADMIN SVCS PERSONNEL ACTION (PA) FORM PD 124-2 (02/12) 00000000