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**Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.**

EMPLOYMENT STATUS AND WAGE NOTIFICATION

|  |
| --- |
| Action Type |
| Select an Action Type |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Must print in Black or Blue ink ONLY* | | | | | | |
| **Employee ID** | **Rcd No.** | | **Last Name, First Name** | | | |
|  |  | |  | | | |
| **Department** | | | **Department ID** | | **Position No.** | **Effective Date** |
|  | | |  | |  |  |
| **Union Code** | | **Job Code Title** | | | | |
|  | |  | | | | |
| **Salary Grade** | | **Step** | | **Hourly Rate** | **Scheduled Hours** | **Full Time/Part Time** |
|  | |  | |  |  | Full Time  Part Time |
| **Position Type\*** (Select One) | | | | **Job Status** (Check only those that apply) | | |
| **Regular:** *Classified**Unclassified* | | | | ActiveProbationaryTraineeDual Fill | | |
| Recurrent Extra Help | | | | Assignment to Vacant Hire Position At-Will/Unclassified | | |
| \*Employees in Extra Help, Recurrent, and Unclassified Positions ***Do Not*** attain Regular Civil Service Status and serve at the pleasure of the Appointing Authority. | | | | | | |

**Please refer to applicable Memoranda of Understanding (MOU), Ordinance, Compensation Plan or Personnel Rules for other terms and conditions of employment.**

|  |  |
| --- | --- |
| **Employee Signature** | **Date** |
|  |  |

***Office Use Only***

|  |  |
| --- | --- |
| **Acknowledgment**  I certify and affirm that the above information was explained to the employee and that form data is accurate. I also confirm Position Type and Job Status above is current and are completed correctly. | |
| **Payroll Specialist (Print & Sign)** | **Date** |
|  |  |
|  |  |
| **Appointing Authority or Designee (Print & Sign)** | **Date** |
|  |  |

*Distribution: Original - EMACS-HR (0030)*

*1st Copy – Employee*

*2nd Copy - Department*