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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* | **[ ]** Active **[ ]** Probationary **[ ]** Trainee **[ ]** Dual 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***

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| --- |
| **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*