

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.DATE: ../../.....
T

13 BIRTHDATE: ../../..... SEX: . ETHNIC: .. DISABLED: . SSN:
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: _____

STAMP: ACT . DT/TM USERID TERM PGM
DEPT OF ADMIN SVCS PERSONNEL ACTION (PA)FORM PD 124-1 (01/11) 000000000

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

05 F AUTHNO: FZP5: . EMTL 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: ANCM 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:/..../. REPR SVC DATE:/..../.
 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

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 (01/11) 000000000