

# 2011-2012 PERSONNEL ACTION REQUEST

**A** Social Security Number: [Redacted] First Name: [Redacted] M.I.: [Redacted] Last Name: [Redacted] Sfx: [Redacted]

- New Employee** (Not employed in Assembly since January 1, 1983)—Complete Blocks A, B, C, D, F, G, I, and J.
- Reinstated/Reappointed** (Previously employed in Assembly since January 1, 1983)—Complete Blocks A, B, C, D, F, G, I, and J.
- Transfer** (Employee transferring from one Member/Unit to another Member/Unit)—Complete Blocks A, B, C, D, F, G, I, and J.
- Salary Adjustment** (No change in Payroll Designation)—Complete Blocks A, C, E, I, and J. B for Title Changes.
- Change of Employment Dates and/or Payroll Designation**—Complete Blocks A, B, C, D, F (if applicable), G (if applicable), I, and J.
- Personnel Actions not Affecting Allocations**—Complete Blocks A, B, C, I, and J as needed.
- Terminations, Resignations, Leave Without Pay**—Complete Blocks A, H, I, and J as needed.

**B** Member/Unit: Lopez (Unit Code: 345)  
 Job Title: Legislative Assistant (Title Code: \_\_\_\_\_)  
(A completed "Oath of Office", and "Job Description" and "Employee Designation—Financial Disclosure" must accompany this PAR)

Payroll Designation:  Annual Full Time (A)  Annual Legislative (L)  Annual Part Time (P)  Session (S)  
 (Check one box)  Temporary (T)

Supervisor: Perez Designated Time Sheet Supervisor: Perez

Public Information Address: (Please check appropriate box)  
 Capitol, Albany  Other 434 South 5th St, Brooklyn NY  
(Must be a District Office address or other official Assembly address)

Work Address: (Location where employee is assigned)  
434 South 5th St, Brooklyn NY 11211 Tel. #: (718) 963-7029

Mailing Address: Payroll Check Distribution (Complete if different from Public Information Address.)  
 Must be a District Office address or other official Assembly address.  
250 Broadway

**C** Term of This Employment Authorization

Beginning Date: 4/17/12 End Date: (Check the box which applies):  
 12/31/11  12/31/12  Other \_\_\_\_\_

**D** Salary

Annual Full Time (A), Annual Legislative (L) or Annual Part-Time (P) Payrolls \$ <u>49,000.00</u> Annual Salary Rate	Session (S) or Temporary (T) Payrolls \$ _____ Total Salary Amount for the period of employment
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**E** Salary Increase/Decrease

New Annual Salary Rate (Applies to A, L, P Payroll types only) Amount: \$ _____	Salary Adjustment for Period Specified in Block C (Applies to any payroll type) Amount: \$ _____ <input type="checkbox"/> Increase <input type="checkbox"/> Decrease
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**F** Leave Accruals

Complete this section for New, Reinstated, Reappointed or Transferring employees; or Payroll Designation changes. Check only one box.

**For A, L, P Payrolls Only**

I authorize the Assembly Human Resources Department/Minority Administration and Personnel to compute leave accruals in accordance with the "Rules and Regulations Relating to the Crediting and Reporting of Time and Attendance", and I do not wish to submit on the availability or use of leave.

**This is mandatory for all S, T Payrolls and optional for A, L, P Payrolls**  
 I will complete a Time Bank Form for this employee. (Check this box if you wish to limit the availability of accrued leave in accordance with the "Rules and Regulations Relating to the Crediting and Reporting of Time and Attendance")



**G** Benefits Eligibility

For Annual Part-Time (P), Session (S) and Temporary (T) Payrolls, please estimate over the period of employment the average anticipated hours per pay period \_\_\_\_\_. Note: Limited benefits are available to employees on the Session "S" and Temporary "T" Payrolls.

**H** Termination, Resignation, Leave without Pay

Check the appropriate box and explain under "Reason" below: Please enter anticipated date of return: \_\_\_\_\_

TERMINATION  RESIGNATION  LWOP  OTHER

Ending Date: \_\_\_\_\_ Reason/Name of New Employer if State Agency: \_\_\_\_\_  
 Mo. Day Yr.

**I** APPOINTING AUTHORITY/DEPARTMENT HEAD SIGNATURE [Signature] Date: 4/30/12  
 Appointing Authority/Department Head Name (please type) Vito Lopez (Unit Code: \_\_\_\_\_)

**J** Remarks: \_\_\_\_\_