**PERSONNEL ACTION RECOMMENDATION**

Employee/Recommended Candidate:       Date:

Section I. POSITION INFORMATION

|  |  |  |
| --- | --- | --- |
| Working Title: | | Classification/Grade: |
| Division: | | |
| Bureau: | Org Unit#      Position#: | |
| Supervisor : | | Location: |

Section II. ACTION REQUESTED

New Hire  Reclassification/Reorganization  Reassignment / Transfer

Promotion  Salary Adjustment/ In-Range  Re-instatement from LWOP

Acting Promotion  Position Budget Changes  Change in Hours Worked

Probationary to Permanent Status  Involuntary Separation  LWOP / Other

Trainee Progression/Promotion

Voluntary Separation

-Will employee be transferring to another state agency/univ./comm. college/school system? Yes No

-If so, what agency will employee transfer to?

Section III. ATTACHMENTS/INFORMATION NEEDED; Please mark (X) all that apply

New Hire

Complete & Attach form101AB

(see link to Form 101AB below signature lines)

Complete & Attach Applicant Release form

Complete Section IV, V & VI

Will employee telework?

(If yes, complete telework agreement)

Promotion

Complete & Attach form101AB

(see link to Form 101AB below)

Complete Sections IV, V & VI

Will employee telework?

(If yes, complete telework agreement)

Acting Promotion

Complete Sections IV, V & VI

Probationary to Permanent Status

Complete & Attach Performance Appraisal

Complete Sections IV, V & VI

Trainee Progression/Promotion

Complete & Attach Performance Appraisal

Complete Sections IV, V & VI

Change in Hours Worked

Complete Sections IV, V & VI

Reclassification/Reorganization

Complete & Attach Job Description

Attach ADA Checklist

Current Organizational Chart

Complete Sections IV, V & VI

Salary Adjustment/ In-Range

Voluntary Separation

Complete & Attach Resignation Letter

Final Time Entry Completed

Complete Sections IV, V & VI

Involuntary Separation

Complete & Attach Dismissal Letter

Complete Sections IV, V & VI

Final Time Entry Completed

Attach Any Supporting Documentation

LWOP / Other

Attach Employee Letter

Attach Documentation of Terms

Effective Date: From       to

Complete Sections IV, V & VI

Reassignment / Transfer

Attach Supervisor Letter

Complete & Attach form101AB **(transfers Only)**

(see link to Form 101AB below)

Attach Any Supporting Documentation

Complete Sections IV, V & VI

Will employee telework?

(If yes, complete telework agreement)

Re-instatement from LWOP

Attach Any Supporting Documentation

Complete Sections IV, V & VI

Position Budget Changes

Attach Any Supporting Documentation

Complete Sections IV, V & VI

Complete Sections IV, V & VI

Section IV. REQUIRED FOR ALL ACTIONS

Justification for Action:

Section V. COMPLETE THIS SECTION AS APPLICABLE TO THE REQUESTED ACTION

Proposed Job Title:

Proposed Division/Bureau:

Proposed Location:

Proposed Effective Date:

Grade:

Proposed Salary: $      % Increase:      %Decrease:

Is Salary reserve needed?: Yes  No Amount: $

Salary Reserve Budget Code:

Additional Funding Available: $

**Section VI. PLEASE COMPLETE THIS SECTION AS APPLICABLE TO THE REQUESTED ACTION**

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Immediate Supervisor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bureau Chief/Division Director’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy Commissioner’s / Direct Report Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Position Analyst’s Signature Date

Form 101AB is available on the DOL intranet here: <http://10.21.81.220/ncdol-intranet/sites/default/files/ncdol-forms/human-resources/form101ab-hiringaddendums.doc>