## South Carolina Department of Public Safety

## Personnel Action Request

**SECTION I – TYPE OF ACTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Effective Date /  / | Position # | Pos Type | | Org Unit | HR # K050 | HR # Description | |
| Employee’s Name | | | | Personnel # | Section # and Name | Supervisor’s Name and Position # | |
| Fill Vacancy | | | Salary Increase | | | | Movement Between Agencies |
| Hire Temporary | | | Salary Decrease | | | | Work Schedule Change |
| Separation | | | Merit Increase | | | | Create New Org Unit |
| Going on LWOP | | | Reassignment into New Position | | | | Move Org Unit |
| Return from LWOP | | | Lateral Reclassification | | | | Add Role(s) |
| Suspension | | | Transfer to New Org Unit/New Supervisor | | | | Delete Role(s) |
| Account # Change(s) | | | W/C Option | | | | FLSA Update (IT0007) |
| Source of Funds Change | | | Military Leave | | | | Other |
| **Remarks:** | | | | | | | |

**SECTION II – REQUEST TO POST**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Choose One Permanent Position  Temporary Position | Choose One  5 Days  10Days  7 Days  Other | | | Choose One Internal Only  External | | Weeks Requested (Temporary) | |
| Class Title | Class Code | Internal Title/Rank (optional) | | | Position Vacated by | | |
| Salary Range | Band | Recommended Hiring Range | | | Date Vacated  /  / | | |
| Department Head’s Signature | | Date | Director’s Signature **(For Posting Only)** | | | | Date |

**SECTION III – INFORMATION UPDATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position# | Org Unit | Section # | Supervisor’s Name and Position # | Internal Title/Rank |
|  | Band | Class Code | Requested Classification Title | Hours Per Week |
| Work Phone | | Work Schedule Code | HR # Description | HR# |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Fund Center | SAP Fund | Functional Area | SAP Grant # | St / Fed / Other | % |
| To |  |  | **K050\_** |  |  |  |
| From |  |  | **K050\_** |  |  |  |
| To |  |  | **K050\_** |  |  |  |
| From |  |  | **K050\_** |  |  |  |
| To |  |  | **K050\_** |  |  |  |
| From |  |  | **K050\_** |  |  |  |

## SECTION IV – SALARY / BUDGET /ACCOUNT INFORMATION

|  |
| --- |
| Present Salary  $ |
| % Increase/Decrease |
| Dollar Amount  $ |
| Proposed Annual Salary  $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Director’s Signature | Date | Chief Financial Officer’s Signature | Date |

**SECTION V – OFFICE OF HUMAN RESOURCES USE ONLY**

|  |  |  |
| --- | --- | --- |
| Verified NCIC/DL Check | Posting Number | **Approved Salary**  **$** |
| HR Classification & Compensation | | Date  / / |
| HR Director’s Signature | | Date  / / |

|  |  |
| --- | --- |
| **Approval** | |
| Agency Director’s Signature | Date  / / |

**Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Examined by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Human Resources Payroll**