

CITY OF PUYALLUP PERSONNEL ACTION FORM

Employee No. redacted
 Date of Hire 9/17/2007
 Date of Current Position 9/17/2007
 Dept. Legal
 Soc. Sec. No. redacted
 Zip redacted

Emp. Name Cheryl F. Carlson Date of Birth _____
 Address redacted Telephone redacted
 City redacted State redacted

	Present	New
	<input type="checkbox"/> New Employee <small>(Completed employment form packet must be attached if temporary or non-benefit)</small>	Deputy City Attorney
Status:		
<input checked="" type="checkbox"/> Regular Full-Time	Exempt - Professional	Exempt - Professional
<input type="checkbox"/> Regular Part-Time		
<input type="checkbox"/> Non-Benefit Part-Time		December 10, 2007
<input type="checkbox"/> Temporary Full-Time		
<input type="checkbox"/> Temporary Part-Time	Grade 18	Grade 20 - Step 5
<input type="checkbox"/> Other (Explain below)	Pay Rate: \$8,159.00	\$9,123.00 ('08) \$8,781.00 ('07)
Hours per Week: _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	
<input type="checkbox"/> Step Increase	Termination date of position if temporary status: _____	
<input type="checkbox"/> Promotion	Budget Account: <u>10151003</u>	
<input type="checkbox"/> New Assignment	Retirement Plan:	
<input type="checkbox"/> Reclassification	<input type="checkbox"/> PERS 1	<input type="checkbox"/> PERS 2
<input type="checkbox"/> Other _____ <small>(Explain below)</small>	<input type="checkbox"/> LEOFF 1	<input type="checkbox"/> LEOFF 2
<input type="checkbox"/> Demotion	Date of Notice: _____ Effective Date: _____	
<input type="checkbox"/> Reprimand/Suspension	Action: (Explain below) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
<input type="checkbox"/> Termination:	Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Resignation		
<input type="checkbox"/> Retirement		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Request for Leave of Absence:	Last Day Worked: _____	Return Date: _____
<input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay	<small>(Attach description of intended benefit use if applicable)</small>	
Bargaining Unit:	<input checked="" type="checkbox"/> Non-union <input type="checkbox"/> AFSCME <input type="checkbox"/> IAFF <input type="checkbox"/> PPA <input type="checkbox"/> PPA-SS <input type="checkbox"/> Teamsters <input type="checkbox"/> Teamster Custodians	
Fringe Benefits?	<input type="checkbox"/> None <input type="checkbox"/> Leave only (sick, vacation, holidays) <input type="checkbox"/> Full benefit package <input type="checkbox"/> Other (Explain below)	

THIS FORM MUST BE COMPLETELY SIGNED BY ALL PARTIES EXCEPT THE EMPLOYEE BEFORE ANY PERSONNEL ACTION IS TAKEN.

Explanation: This salary increase is retroactive to December 10, 2007 and will be in effect as long as Ms. Carlson is Interim City Attorney. She will continue to have a car allowance of \$250.00 per month.

Supervisor _____ Date _____
 Department Head _____ Date _____
 Human Resources Director [Signature] Date 3/20/08
 City Manager (Exceptions only) [Signature] Date March 20, 2008
 Employee _____ Date _____

Distribution: Human Resources Payroll Finance Department Employee

CITY OF PUYALLUP PERSONNEL ACTION FORM

Employee No. redacted
 Date of Hire 9/17/2007
 Date of Current Position 7/1/2008
 Dept. Legal
 Soc. Sec. No. redacted
 Zip redacted

Emp. Name Cheryl F. Carlson Date of Birth _____
 Address redacted Telephone redacted
 City redacted State redacted

<input type="checkbox"/> New Employee (Completed employment form packet must be attached if temporary or non-benefit)	Present	New
	Position Title: <u>Interim City Attorney</u>	<u>City Attorney</u>
Status: <input checked="" type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Non-Benefit Part-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Temporary Part-Time <input type="checkbox"/> Other (Explain below) Hours per Week: _____	Classification: <u>Exempt - Professional</u>	<u>Exempt- Professional</u>
<input checked="" type="checkbox"/> Step Increase <input checked="" type="checkbox"/> Promotion <input type="checkbox"/> New Assignment <input type="checkbox"/> Reclassification <input type="checkbox"/> Other _____ (Explain below)	Effective Date: <u>12/10/2007</u>	<u>7/1/2008</u>
	Pay Step: <u>Grade 20 - Step 5</u>	<u>Grade 20 - Step 6</u>
<input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	Pay Rate: <u>\$9,123.00</u>	<u>\$9,505.00</u>
Termination date of position if temporary status: _____		
Budget Account: _____		
Retirement Plan:	<input type="checkbox"/> PERS 1 <input type="checkbox"/> PERS 2 <input type="checkbox"/> PERS 3 <input type="checkbox"/> LEOFF 1 <input type="checkbox"/> LEOFF 2 <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Demotion <input type="checkbox"/> Reprimand/Suspension <input type="checkbox"/> Termination: <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____	Date of Notice: _____	Effective Date: _____
	Action: (Explain below) <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
	Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Request for Leave of Absence: <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay	Last Day Worked: _____	Return Date: _____
(Attach description of intended benefit use if applicable)		
Bargaining Unit: <input checked="" type="checkbox"/> Non-union <input type="checkbox"/> AFSCME <input type="checkbox"/> IAFF <input type="checkbox"/> PPA <input type="checkbox"/> PPA-SS <input type="checkbox"/> Teamsters <input type="checkbox"/> Teamster Custodians		
Fringe Benefits? <input type="checkbox"/> None <input type="checkbox"/> Leave only (sick, vacation, holidays) <input type="checkbox"/> Full benefit package <input type="checkbox"/> Other (Explain below)		

THIS FORM MUST BE COMPLETELY SIGNED BY ALL PARTIES EXCEPT THE EMPLOYEE BEFORE ANY PERSONNEL ACTION IS TAKEN.

Explanation: This salary increase is retroactive to July 1, 2008. She will continue to have a car allowance of \$250.00 per month.

Supervisor _____ Date _____
 Department Head _____ Date _____
 Human Resources Director [Signature] Date 8-6-08
 City Manager (Exceptions Only) [Signature] Date 08.05.08
 Employee _____ Date _____

Distribution: Human Resources Payroll Finance Department Employee

CITY OF PUYALLUP PERSONNEL ACTION FORM

Employee No. redacted
 Date of Hire 9/17/2007
 Date of Current Position 7/1/2008
 Dept. Legal
 Soc. Sec. No. _____
 Zip redacted

Emp. Name Cheryl Carlson Date of Birth _____
 Address redacted Telephone redacted
 City redacted State redacted

	Present	New
	Position Title:	<u>City Attorney</u>
Classification:	<u>Exempt</u>	<u>Exempt</u>
Effective Date:	<u>7/1/2008</u>	<u>7/1/2009</u>
Pay Step:	<u>Grade 20 / Step 6</u>	<u>Grade 20 / Step 7</u>
Pay Rate:	<u>\$9,505.00</u>	<u>\$10,340.00</u>
Termination date of position if temporary status:	_____	
Budget Account:	_____	
Retirement Plan:	<input type="checkbox"/> PERS 1 <input checked="" type="checkbox"/> PERS 2 <input type="checkbox"/> PERS 3 <input type="checkbox"/> LEOFF 1 <input type="checkbox"/> LEOFF 2 <input type="checkbox"/> Other: _____	

Demotion
 Reprimand/Suspension
 Termination:
 Resignation
 Retirement
 Other _____

Date of Notice: _____ Effective Date: _____
 Action: (Explain below) Voluntary Involuntary
 Eligible for Rehire? Yes No

Request for Leave of Absence:
 With Pay Without Pay Last Day Worked: _____ Return Date: _____
 (Attach description of intended benefit use if applicable)

Bargaining Unit: Non-union AFSCME IAFF PPA PPA-SS Teamsters Teamster Custodians
 Fringe Benefits? None Leave only (sick, vacation, holidays) Full benefit package Other (Explain below)

THIS FORM MUST BE COMPLETELY SIGNED BY ALL PARTIES EXCEPT THE EMPLOYEE BEFORE ANY PERSONNEL ACTION IS TAKEN.
 Explanation: Successful completion of another year of employment. This step increase is retroactive back to 7/1/09.

Supervisor _____ Date _____
 Department Head _____ Date _____
 Human Resources Director Gary Spitzer Date 11-17-09
 City Manager (Exceptions Only) John McLean Date 11.23.09
 Employee _____ Date _____

Distribution: Human Resources Payroll Finance Department Employee

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