



VIRGINIA DEPARTMENT OF CRIMINAL JUSTICE SERVICES

Human Resources

ACTION REQUEST FORM

Authorization to hire, change status, or end employment

(Pay Action Worksheet must accompany HR Action Request Form to establish or change Salary/Hourly Rate)

Employee Information

Employee Name: _____
 EE ID Number: _____
 Address: _____
 Phone: _____

Employment Type

- Classified
- Exempt – FLSA
- Non-Exempt – FLSA
- Hourly/P-14/Wage
- Work Study
- Restricted
- Other: _____

Position Information

Position Number: _____
 Role Title: _____
 Role Code: _____
 Working Title: _____
 Pay Band: _____
 Salary/Hourly Rate: _____

Payroll Code

- 001 (Classified)
- 002 (Wage)

Accounting Data

Dept	Obj/Acct	Activity	Program	Subprog	Project	Cost	Fund	Percent

Authorizing Signatures

Date

Director of Admin & Finance Initials _____
 Existing Funding: _____
 Available Funding: _____
 Grant Funded: Yes No

Program Manager/Supervisor: _____
 Division Director: _____
 Chief Deputy Director: _____

New Employee Information

Salary/Hourly Rate: _____ Effective Date: _____
 Pay Band: _____ Agency Director: _____
 Hours per Week: _____ Explanation: _____
 Hours per Year: _____

CHANGE IN STATUS/TYPE OF ACTION

- Request to Advertise
- Establish Position Abolish Position (Wage & Classified)
- Role Code: From: _____ To: _____
- Rate of Pay: From: _____ To: _____
- Department: From: _____ To: _____
- Cost Code: From: _____ To: _____
- Reports To: From: _____ To: _____
- Work Title: From: _____ To: _____
- Position #: From: _____ To: _____

Effective Date: _____
 Agency Director: _____
 Explanation: _____

EMPLOYMENT END

- Lack of Work
- Seasonal Work
- Employee Choice
- Other: _____

Effective Date: _____
Agency Director: _____