

PERSON ACTION FORM

EMPLOYEE ACTION TAKEN

NEW EMPLOYEE A STATUS C D
 TERM. EMPLOYEE D NEW SSN E

EMPLOYEE NAME

Last, First M.D.
 EMPLOYEE SOCIAL SECURITY NUMBER

EFFECTIVE DATE: MO. DAY YR. ORGANIZATION
 THIS DATE: *12-30-79*

PERSON FILLING IN THIS FORM PHONE DEPT.

PERSONAL HISTORY

EMPLOYEE CATEGORY		CODE	EMPLOYEE STATUS		CODE	POSITION NUMBER	REQUISITION NUMBER				
EMPLOYEE CLASSIFICATION		CODE	SEX	ETHNIC ORG.	MAR. STATUS	CITIZEN	REF. SOURCE	SERVICE RATING			
RELIGION	EDUC. LEVEL	HIGH DEGREE CODE	HIGH DEGREE MAJOR	HIGH DEGREE INST.	HIGH DEGREE YR.	OTHER DEGREE CODE	OTHER DEGREE MAJOR	OTHER DEGREE INST.	OTHER DEGREE YEAR		
CIVIL SERVICE STATUS	SKILL - 1 CODE	SKILL - 2 CODE	SKILL - 3 CODE	LANG - 1 CODE	LANG - 2 CODE	LANG - 3 CODE	LIC - 1 CODE	LIC - 2 CODE	LIC - 3 CODE	HANDICAP 1	HANDICAP 2

SERVICE DATES

ORIG. HIRE DATE	CONS. SER. DATE	CURRENT APPT. DATE	PROB. END DATE	TENURE AWARD DATE	CHANGE CODE	DATE LAST INC.
MO. DAY YR.	MO. DAY YR.	MO. DAY YR.	MO. DAY YR.	MO. DAY YR.		MO. DAY YR.
					<i>99</i>	
TERMINATION REASON		CODE	TERMINATION DATE	BIRTH DATE	LEAVE CODE	NEW SOCIAL SECURITY NUMBER
			MO. DAY YR.	MO. DAY YR.		

PAYROLL DATA

AYROLL GROUP	PAYROLL FREQUENCY	FEDERAL GRANT CODE	SALARY RANGE	SALARY STEP	ROUTE INDC.	HOURLY RATE	BASE PAY	NORM. HRS.	PENSION CODE	FLT. PAY	STAND BY	MILL. CODE	O.T. AUTH.	BLUE CROSS
														<input checked="" type="checkbox"/>
AUTO ALLOW.	TOOL ALLOW.	UNIFORM ALLOWANCE	STATE PAY	DUTY PAY	F.I.C.A. EXEMPT	FED. W/H EXEMPT	FED. W/H MAR. STATUS	FED. W/H NBR. EXM.	FED. W/H ADD'L. AMOUNT					

SECONDARY CLASSIFICATIONS

ORG. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	BASE SALARY	RTE.	ORG.	CLASS	RANGE	STEP	HOURLY RATE	BASE SALARY	RTE.
ORG. CODE	CLASS CODE	RANGE	STEP	HOURLY RATE	BASE SALARY	RTE.	ORG.	CLASS	RANGE	STEP	HOURLY RATE	BASE SALARY	RTE.

NAME & TITLE OF APPOINTING AUTHORITY		SIGNATURE OF APPOINTING AUTHORITY OR REPRESENTATIVE				DATE OF SUBMISSION
SIGNATURE OF EMPLOYEE		APPROVAL OF C.A.O. (UNCLASSIFIED)	DATE	APPROVED, DIRECTOR OF PERSONNEL	DATE	

Comments - Shift Diff.

RULE IV

Section 1. THE PAY PLAN

- 1.6 Fulltime employees in the classified service who, by virtue of their assignments, are required to work a recurring or rotating eight (8) hour shift around-the-clock, shall be granted additional monetary compensation in accordance with the following provisions:
- (a) Employees with regular work assignments beginning between the hours of 8:00 P.M. and 1:00 A.M. shall receive a shift differential of one (1) full salary step above their existing rate of pay, amounting to an increase of 5% in pay.
 - (b) Employees with regular work assignments beginning between the hours of 2:00 P.M. and 8:00 P.M. shall receive a shift differential of a one-half ($\frac{1}{2}$) salary step above their existing rate of pay, amounting to an increase of approximately $2\frac{1}{2}\%$ in pay.
 - (c) Non-exempt employees who may be required to work overtime after the completion of their regularly assigned shift shall be paid overtime which is calculated upon their Base Pay.
 - (d) The payment of shift differentials shall apply for only those hours that the employee actually works on the respective shift. Annual leave, sick leave, and all other forms of leave including the provisions of Rule VIII, Section 2.1 (d), (e), and (f) shall not be included under the provisions of this section.
 - (e) Any City Agency, Board, Commission or Department which determines that the payment of shift differentials is not warranted for its operation, shall submit a request for an exemption from the provisions of this section to the Civil Service Commission, accompanied by a detailed justification for the exemption.

WEEK BEGINNING WEEK ENDING PERIOD ENDING HOURLY RATE WK

PAY CODE	SUN HRS	MON HRS	TUE HRS	WED HRS	THUR HRS	FRI HRS	SAT HRS	TOTAL HRS	TOTAL DOLLARS	ACTIVITY	OPTION	CHARGE		
01														
31														
10			1	1				3						
11			2	4				6						
54		8	8	8	8	8		40						
55														
								8	8	11	9	13	49	TOTALS

NON EAP SHIFT DIFFERENTIAL-Overtime in Week

EMPLOYEE'S SIGNATURE SUPERVISOR'S SIGNATURE

PAY CODE	SUN HRS	MON HRS	TUE HRS	WED HRS	THUR HRS	FRI HRS	SAT HRS	TOTAL HRS	TOTAL DOLLARS	ACTIVITY	OPTION	CHARGE		
01														
31														
54		8	8	8	8	8		40						
55														
								8	8	8	8	8	40	TOTALS

NON EAP SHIFT DIFFERENTIAL

EMPLOYEE'S SIGNATURE SUPERVISOR'S SIGNATURE

CITY OF NEW ORLEANS PAYROLL TIME SHEET

EMPLOYEE NAME SOC SEC. NUMBER ORGANIZATION
 WEEK BEGINNING WEEK ENDING PERIOD ENDING HOURLY RATE WK
 AIL BALANCE SIL BALANCE AIL TAKEN YTD SIL TAKEN YTD CLASS GRP

PAY CODE	SUN HRS	MON HRS	TUE HRS	WED HRS	THUR HRS	FRI HRS	SAT HRS	TOTAL HRS	TOTAL DOLLARS	ACTIVITY	OPTION	CHARGE		
01														
31		8						8						
30			8					8						
54			8	8	8			24						
55														
								8	8	8	8	8	40	TOTALS

NON EAP SHIFT DIFFERENTIAL-Sick and Annual Leave in Week

EMPLOYEE'S SIGNATURE SUPERVISOR'S SIGNATURE