

**CITY AND COUNTY OF HONOLULU  
DEPARTMENT OF HUMAN RESOURCES  
PERSONNEL ACTION FORM FOR MOVEMENTS BETWEEN JURISDICTIONS**

All initial appointments must be made in accordance with the Rules of the Director 6-3.

**Instructions:** City hiring department is responsible for obtaining the necessary information to hire their selectee. Applicant to enter name, sign and date this request. Leaving jurisdiction completes FROM portion, and department head or designee certifies the accuracy of the information. The City's hiring department completes and verifies the accuracy of the TO portion. Completed original form should be forwarded to the Department of Human Resources, ATTN: Certification & Support Services.

|  |   |
|--|---|
| Employee/Applicant Name:   |   |
| Employee/Applicant Signature:  | Date:   |
| <b>FROM:</b>   | <b>TO:</b>  |
| Jurisdiction:  | CITY AND COUNTY OF HONOLULU   |
| Department:  | Department:   |
| Division:  | Division:   |
| Position Title:  | Position Title:   |
| Position Number:   | Position Number:      Class Number:   |
| Salary Range, Step & Rate:<br>Pay Differentials, if any:   | Initial Salary Schedule/Grade & Step:<br>Pay Differentials, if any:   |
| Bargaining Unit: <input type="checkbox"/> Included <input type="checkbox"/> Excluded   | Bargaining Unit: <input type="checkbox"/> Included <input type="checkbox"/> Excluded  |
| Status: <input type="checkbox"/> Initial Probationary (IP) <input type="checkbox"/> New Probation<br><input type="checkbox"/> Regular (after completion of IP) | Status: <input type="checkbox"/> Initial Probationary (IP)<br><input type="checkbox"/> Other (Please specify) _____   |
| Jurisdiction Start Date:   | <input type="checkbox"/> RAM Approved <input type="checkbox"/> HAM Approved   |
| Next Step Movement/WRP date:   | NOTE: Rate must be at the entry step. Attach <b>APPROVED</b> RAM / HAM document(s) for above-minimum rates. Approval by the Director of Human Resources is required prior to movement or offer of higher pay.   |
| Date entered BU/EM creditable service date:  |   |
| Years/Months of service with other jurisdictions:  |   |
| ERS Pension Code:  |   |
| Date of Separation (close of business):  | Effective Date:   |
|  | <input type="checkbox"/> Selected from Eligible List<br><input type="checkbox"/> Not Selected from Eligible List (attach copy of selectee's application form) <b>NOTE: DHR approval required PRIOR to offer or movement for selections outside of an eligible list.</b> |
| <b>APPROVED:</b>   | <b>APPROVED:</b>  |
| _____<br>Appointing Authority (Department Head) Signature / Date   | _____<br>Appointing Authority (Department Head) Signature / Date  |
| <b>APPROVED:</b>   | <b>APPROVED:</b>  |
| _____<br>Director of Human Resources Signature / Date  | _____<br>Director of Human Resources Signature / Date   |