**DEPARTMENT OF COMMERCE**

**PERSONNEL ACTION**

COM FORM HRM-1 (Rev. 07/23)

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| A. PRESENT PERSONNEL STATUS | | | | | | | | | | | | | | | | | | | | | | | | | | | B. NEW EMPLOYEE OR CHANGE | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 SOCIAL SECURITY NUMBER | | | | | | | | | | | | EMPLOYEE ID | | | | | | | | | | | | | | | SOCIAL SECURITY NUMBER | | | | | | | | | | | EMPLOYEE ID | | | | | | | | | | | | | | |
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| 2 NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 HR ORGANIZATION NUMBER | | | | | | | | | | | | | | FLAIR ORG NUMBER | | | | | | | | | | | | | HR ORGANIZATION NUMBER | | | | | | | | | | | | | | FLAIR ORG NUMBER | | | | | | | | | | | |
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| 4 OFFICE | | | | | | | | | | | | | | | | | | | | | COUNTY | | | | | | OFFICE | | | | | | | | | | | | | | | | | | | | | | COUNTY | | | |
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| 5 FLAIR ACCOUNT CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | FLAIR ACCOUNT CODE | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6 BROADBAND CODE | | | | | BROADBAND OCCUPATIONAL TITLE | | | | | | | | | | | | | | | | | | | | | | BROADBAND CODE | | | | BROADBAND OCCUPATIONAL TITLE | | | | | | | | | | | | | | | | | | | | | |
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| 7 CLASS CODE | | | | | CLASS TITLE | | | | | | | | | | | | | | | | | | | | | | CLASS CODE | | | | CLASS TITLE | | | | | | | | | | | | | | | | | | | | | |
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| 8 POSITION NO. | | | SHARED EMP | | | | | | PAYGRADE/PAYBAND | | | | | | | | | | | | PAY PLAN | | | | | EMP. FTE | POSITION NO. | | SHARED EMP | | | | | PAYGRADE/PAYBAND | | | | | | | | | | | | PAY PLAN | | | | | EMP FTE | |
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| 9 LAST TYPE OF ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | TYPE OF ACTION | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 EFFECTIVE DATE | | | | | STATUS | | | | | | | | | | | | | | | | | | | | | | EFFECTIVE DATE | | | | | STATUS | | | | | | | | | | | | | | | | | | | |
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| 11 STATUS EXP. | | | | CONT SVC DATE | | | | | | | AG. HIRE DATE | | | | | | | | | | | | ST. HIRE DATE | | | | STATUS EXP. | | | CONT SVC DATE | | | | | | | | AG. HIRE DATE | | | | | | | | | | ST. HIRE DATE | | | | |
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| 12 LOA TYPE | | | | | | | | | | LOA EFF. DATE | | | | | | | | | | | LOA RETURN | | | | | | LOA TYPE | | | | | | | LOA EFF. DATE | | | | | | | | | | | | | LOA RETURN | | | | | |
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| 13 PERFORMANCE EVAL | | | | | | | | | | PERF. EFF. DATE | | | | | | | | | | | | NEXT EVAL DUE | | | | | PERFORMANCE EVAL | | | | | | | PERF. EFF. DATE | | | | | | | | | | | | | NEXT EVAL DUE | | | | | |
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| 14 BASE PAY RATE (m) | | | | | | PAY RATE (m) | | | | | | | | | HR. BASE PAY | | | | | | | | | HR. PAY RATE | | | BASE PAY RATE (m) | | | | | PAY RATE (m) | | | | | | | HR. BASE PAY | | | | | | | | | | HR. PAY RATE | | | |
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| 15 CAD | LEADWORKER | | | | | | | SHIFT % | | | | | | | | SHIFT AMT | | | | | | | | ON CALL | | | CAD | | LEADWORKER | | | | | | | | SHIFT % | | | | | SHIFT AMT | | | | | | | | ON CALL | | |
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| 16 BIRTHDATE | | RETIREMENT | | | | | | | | CITIZENSHIP | | | | | | | | | RACE | | | | | SEX | | | BIRTHDATE | | RETIREMENT | | | | | | | | CITIZENSHIP | | | | | | | | | RACE | | | | SEX | | |
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| 17PUBLIC REC. EXEMPT | | | | | VET PREF | | | | DUAL AGENCY | | | | | | | | | | | VOL TRANS/DEMOT. | | | | | | | PUBLIC REC. EXEMPT | | | VET PREF. | | | | | | DUAL AGENCY | | | | | | | | | | VOL. TRANS/DEMOT. | | | | | | |
| **YES**  **NO** | | | | |  | | | |  | | | | | | | | | | | **YES**  **NO** | | | | | | | **YES**  **NO** | | |  | | | | | |  | | | | | | | | | | **YES**  **NO** | | | | | | |
| 17 MARITAL STATUS | | | | | | | HOME PHONE | | | | | | | | | | | | | | | | | | | | MARITAL STATUS | | | | | | HOME PHONE | | | | | | | | | | | | | | | | | | | |
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| HOME MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | HOME MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 21 CITY | | | | | | | | | | | | | STATE | | | | | ZIP + 4 | | | | | | | | | CITY | | | | | | | | | | | | | STATE | | | | | ZIP + 4 | | | | | | | |
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| 22 OFFICE PHONE (reg.) | | | | | | | | | | | ALTERNATE PHONE NUMBER | | | | | | | | | | | | | | | | OFFICE PHONE (reg.) | | | | | | | | | | | ALTERNATE PHONE NUMBER | | | | | | | | | | | | | | |
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| 23 OFFICE EMAIL ADDRESS | | | | | | | | | | | | | | | | | | SUPERVISOR POSITION NO | | | | | | | | | OFFICE EMAIL ADDRESS | | | | | | | | | | | | | | | | SUPERVISOR POSITION NO | | | | | | | | | |
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| COMMENTS/JUSTIFICATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | OFFICE ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 REASON FOR SEPARATION | | | | | | | | | | | | | | | | | CODE | | | | | | | | | | | | | | | | | | RECOMMEND REEMPLOYMENT | | | | | | | | | | | | | | | | | |
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| 25 OFFICIAL SIGNATURE | | | | | | | | | | | | | | | | | DATE | | | | | | | | | | BUDGET | | | | | | | | | | | | | | | | | DATE | | | | | | | | |
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| 26 OFFICIAL SIGNATURE | | | | | | | | | | | | | | | | | DATE | | | | | | | | | | CONTRACTS AND GRANTS | | | | | | | | | | | | | | | | | DATE | | | | | | | | |
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| 27 DEPUTY SECRETARY/DIVISION DIRECTOR  SIGNATURE | | | | | | | | | | | | | | | | | DATE | | | | | | | | | | HRM | | | | | | | | | | | | | | | | | DATE | | | | | | | | |
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