

PERSONNEL AND PAYROLL ACTION REQUEST FORM

REQUEST TO FILL- USE ONLY FOR RECRUITMENTS

<input type="checkbox"/> Request to Fill	Use only for submission of recruitment request	Type: _____	Posting Rate/ Range of Pay \$ _____
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SECTION A: EMPLOYEE / POSITION INFO

Employee Name (Last, First, M): Davis, Spencer Barron		997 146656	Effective Date of Action: 06/28/2022 If Applicable, End Date:
Physical Work Address: _____	Division CSP	Work Unit/ Troop 4C	Employee Work # _____
Position #: 7325	Current Classification: Trooper	Class Code: A4A3TX	Previous Classification, if applicable:
Is this position Supervisory? (Y/N) No	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temp	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> P/T	% FTE _____ <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt
Supervisor Name (Last, First, M): Bruce, Jessica		Supervisor's Position #: 8360	

SECTION B: KRONOS

Work Schedule	Days of Week (i.e. M-F): n/a	Hours (i.e. 9-5): n/a	Lunch (i.e 60 min): _____
Who approves this position's Kronos? <input checked="" type="checkbox"/> Supervisor or <input type="checkbox"/> Work Lead Provide Work Lead Name (Last, First, M): _____			
Does this position approve Kronos? If Yes, select one <input type="checkbox"/> Supervisor or <input type="checkbox"/> Work Lead			List the name of the new supervisor for any previous direct reports to ensure Kronos is accurate:
List names of employees for Kronos approval:			

SECTION C: REQUEST DETAILS (Check One)

New Hire (HR Use Only)	Pay Adjustment	Status Change	Transfer (Check Only One)
<input type="checkbox"/> New <input type="checkbox"/> Rehire <input type="checkbox"/> Reinstatement <input type="checkbox"/> Temp to Perm <input type="checkbox"/> Perm to Temp <input type="checkbox"/> Rehire Temp	<input type="checkbox"/> In Range Salary Increase <input type="checkbox"/> Temp Pay Differential <input type="checkbox"/> Salary Reduction (Disciplinary) <input type="checkbox"/> Salary Reduction (Voluntary) <input type="checkbox"/> FTO/CTO <input type="checkbox"/> Housing Stipend <input type="checkbox"/> Other: <small>Stipend must be supported by CSP 1101 Form</small> <small>Note Individual Agreements or other required docs must be submitted with Pay Adjustments</small>	<input type="checkbox"/> Promotion <input type="checkbox"/> Reallocation <input type="checkbox"/> Voluntary Demotion <input type="checkbox"/> Involuntary Demotion <input type="checkbox"/> Temp Duty Location (TDY) <input type="checkbox"/> FTE Change <input type="checkbox"/> Coding/Funding Change <input type="checkbox"/> Leave Without Pay (Military) <input type="checkbox"/> Firefighter Reduced/Increased Schedule Change <small>Does this action include a state funded move/relocation?</small>	<input type="checkbox"/> Internal Transfer (Non- <input type="checkbox"/> State Transfer to CDPS <input type="checkbox"/> State Transfer from CDPS Indicate transfer details From: _____ To: _____ <small>Does this action include a state funded move/relocation?</small>

Salary Information	Current Pay Rate: \$ 7056 Monthly	New Pay Rate or New Hire Pay Rate: \$ _____	Temporary Pay Adjustment: No base pay impact
		<small>Include any base pay increases or decreases in this amount</small>	# payments: _____

SECTION D: ACCOUNT CODE INFORMATION

Percent (%) of Total Salary	Account Code	Percent (%) of Total Salary	Account Code	Percent (%) of Total Salary	Account Code
Payout	RBT4C407116116				

SECTION E: REQUEST DETAILS

Detailed description of request:		Completed By: Kinzie D. Wallden
		Date Completed: 06/23/2022

SECTION F: REQUIRED APPROVALS

Appointing Authority Signature: Barry Bratt <small>Digitally signed by Barry Bratt, DN: cn=Barry Bratt, o=Colorado State Patrol, ou=Region Commander, email=barry.bratt@state.co.us, c=US Date: 2022.06.23 17:46:46 -0600</small>	Date: 06/23/2022	Budget Analyst Signature: Steve Gagnon <small>Digitally signed by Steve Gagnon Date: 2022.06.24 09:30:29 -0600</small>	Date: 6/24/22
Note: Final AA and Budget signatures are ONLY needed for new hires if the final DPS5 has substantive or budget changes from the Request to Fill or specific Division reqs		Final Appointing Authority Signature: _____	Date: _____
		Final Budget Analyst Signature: _____	Date: _____