



Senate Personnel Action Request

Note: ALL PARs MUST BE SUBMITTED BY THE 10th OF EACH MONTH. PLEASE TYPE OR PRINT FORM.

To: HUMAN RESOURCES DEPARTMENT	Effective Date: 11/13/2006
From: Sen. Steve Ogden	Employee: Patricia Berryman
Office: Sen. Steve Ogden	Social Security Number: [REDACTED]

Action Required

<input type="checkbox"/> New Hire	Employee is a direct transfer from State Agency _____		
<input type="checkbox"/> Status Change	<input type="checkbox"/> LWOP - FMLA	<input type="checkbox"/> Transfer to Senate Office _____	
<input type="checkbox"/> Salary Change	<input type="checkbox"/> LWOP - Worker's Comp	<input type="checkbox"/> Transfer from Senate Office _____	
<input type="checkbox"/> Salary Charge Change	<input type="checkbox"/> LWOP - Other	<input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Reinstatement from LWOP			
<input type="checkbox"/> Termination	Last physical day at work _____ Employee is transferring to State Agency _____		
<input type="checkbox"/> Retirement			
Forwarding Address (For Payroll purposes):			
Street/P.O. Box	Apt. #	City	State Zip

Employment Status

Check one item per section:	Section A	<input type="checkbox"/> Full-time _____ hours per week	Section B	<input type="checkbox"/> Regular
		<input type="checkbox"/> Part-time _____ hours per week		<input type="checkbox"/> Temporary

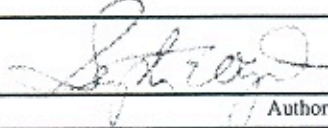
Location

<input type="checkbox"/> Capitol	<input type="checkbox"/> District	District Office in (City) _____ County _____
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Title/Salary Action

Present Title:	Present Salary:
New Title:	New Salary:
(Members Only)	
Charge:	Office Account \$ _____ Committee Account \$ _____

Approval

 Authorized Signature	11/06/2006 Date
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Lump Sum Termination Pay

REQUEST FORMS FOR LUMP SUM PAYMENTS MAY BE OBTAINED FROM THE HUMAN RESOURCES OFFICE.

Human Resources Use Only

Position Number:	Org. Code:	HR initials
Position Number:	Org. Code:	



Senate Personnel Action Request

Note: ALL PARs MUST BE SUBMITTED BY THE 10th OF EACH MONTH. PLEASE TYPE OR PRINT FORM.

To: HUMAN RESOURCES DEPARTMENT	Effective Date: 09/01/2007
From: Sen. Steve Ogden	Employee: Patricia Berryman
Office: Sen. Steve Ogden	Social Security Number: [REDACTED]

Action Required

<input type="checkbox"/> New Hire	Employee is a direct transfer from State Agency _____	
<input type="checkbox"/> Status Change	<input type="checkbox"/> LWOP - FMLA	<input type="checkbox"/> Transfer to Senate Office _____
<input checked="" type="checkbox"/> Salary Change	<input type="checkbox"/> LWOP - Worker's Comp	<input type="checkbox"/> Transfer from Senate Office _____
<input type="checkbox"/> Salary Charge Change	<input type="checkbox"/> LWOP - Other	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Reinstatement from LWOP	
<input type="checkbox"/> Termination	Last physical day at work _____ Employee is transferring to State Agency _____	
<input type="checkbox"/> Retirement		
Forwarding Address (For Payroll purposes):		
Street/P.O. Box _____	Apt. # _____	City _____ State _____ Zip _____

Employment Status

Check one item per section:	Section A	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hours per week	Section B	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary
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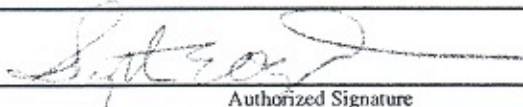
Location

<input type="checkbox"/> Capitol <input type="checkbox"/> District	District Office in (City) _____ County _____
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Title/Salary Action

Present Title:	Present Salary: \$2,188.33/mo.
New Title:	New Salary: \$2,271.67/mo.
(Members Only)	
Charge:	Office Account \$ _____ Committee Account \$ _____

Approval

 Authorized Signature	08/28/2007 Date
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Lump Sum Termination Pay

REQUEST FORMS FOR LUMP SUM PAYMENTS MAY BE OBTAINED FROM THE HUMAN RESOURCES OFFICE.

Human Resources Use Only

Position Number:	Org. Code:	HR initials
Position Number:	Org. Code:	



Senate Personnel Action Request

Note: ALL PARs MUST BE SUBMITTED BY THE 10th OF EACH MONTH. PLEASE TYPE OR PRINT FORM.

To: HUMAN RESOURCES DEPARTMENT	Effective Date: 09-01-2008
From: SEN. STEVE OGDEN	Employee: PATRICIA BERRYMAN
Office: SEN. STEVE OGDEN	Social Security Number: [REDACTED]

Action Required

<input type="checkbox"/> New Hire	Employee is a direct transfer from State Agency _____	
<input type="checkbox"/> Status Change	<input type="checkbox"/> LWOP - FMLA	<input type="checkbox"/> Transfer to Senate Office _____
<input checked="" type="checkbox"/> Salary Change	<input type="checkbox"/> LWOP - Worker's Comp	<input type="checkbox"/> Transfer from Senate Office _____
<input type="checkbox"/> Salary Change Change	<input type="checkbox"/> LWOP - Other	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Reinstatement from LWOP	
<input type="checkbox"/> Termination	Last physical day at work _____	Employee is transferring to State Agency _____
<input type="checkbox"/> Retirement		
Forwarding Address (For Payroll purposes):		
Street/P.O. Box _____	Apt. # _____	City _____ State _____ Zip _____

Employment Status

Check one item per section:	Section A	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hours per week	Section B	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary
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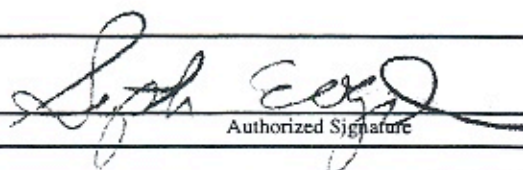
Location

<input type="checkbox"/> Capitol	<input type="checkbox"/> District	District Office in (City) _____ County _____
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Title/Salary Action

Present Title:	Present Salary: \$2271.67/HO.
New Title:	New Salary: \$2480.80/HO.
(Members Only)	
Charge:	Office Account \$ _____ Committee Account \$ _____

Approval

 Authorized Signature	10-27-2008 Date
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Lump Sum Termination Pay

REQUEST FORMS FOR LUMP SUM PAYMENTS MAY BE OBTAINED FROM THE HUMAN RESOURCES OFFICE.

Human Resources Use Only

Position Number:	Org. Code:	HR initials
Position Number:	Org. Code:	



Senate Personnel Action Request

Note: ALL PARs MUST BE SUBMITTED BY THE 10th OF EACH MONTH. PLEASE TYPE OR PRINT FORM.

To: HUMAN RESOURCES DEPARTMENT	Effective Date: 12-31-2004
From: SEN. STEVE RADEN	Employee: PATRICIA DEKRYHAN
Office: SEN. STEVE RADEN	Social Security Number: [REDACTED]

Action Required

<input type="checkbox"/> New Hire	Employee is a direct transfer from State Agency _____	
<input type="checkbox"/> Status Change	<input type="checkbox"/> LWOP - FMLA	<input type="checkbox"/> Transfer to Senate Office _____
<input type="checkbox"/> Salary Change	<input type="checkbox"/> LWOP - Worker's Comp	<input type="checkbox"/> Transfer from Senate Office _____
<input type="checkbox"/> Salary Charge Change	<input type="checkbox"/> LWOP - Other	<input type="checkbox"/> Other _____
<input type="checkbox"/> Reinstate from LWOP		
<input checked="" type="checkbox"/> Termination	Last physical day at work 12-30-04 Employee is transferring to State Agency _____	
<input type="checkbox"/> Retirement		
Forwarding Address (For Payroll purposes):		
Street/P.O. Box _____	Apt. # _____	City _____ State _____ Zip _____

Employment Status

Check one item per section:	Section A	<input type="checkbox"/> Full-time	Section B	<input type="checkbox"/> Regular
		<input type="checkbox"/> Part-time _____ hours per week		<input type="checkbox"/> Temporary

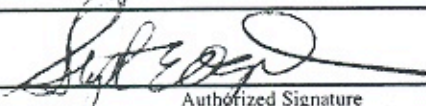
Location

<input type="checkbox"/> Capitol	<input type="checkbox"/> District	District Office in (City) _____ County _____
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Title/Salary Action

Present Title:	Present Salary:
New Title:	New Salary:
(Members Only)	
Charge:	Office Account \$ _____ Committee Account \$ _____

Approval

 Authorized Signature	12-31-2004 Date
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Lump Sum Termination Pay

REQUEST FORMS FOR LUMP SUM PAYMENTS MAY BE OBTAINED FROM THE HUMAN RESOURCES OFFICE.

Human Resources Use Only

Position Number:	Org. Code:	HR Initials
Position Number:	Org. Code:	