

State of California
 California Department of Food and Agriculture
Request for Personnel Action
 SO-12 (Rev. 2/2021) [SO-12 INSTRUCTIONS](#)

FY _____ Program Control # _____ (Optional)

POSITION ACTION (PART I)

- I. Current Position Identification:**
- Class Title: _____
 - Position Number: _____
 - Date Position Vacant: _____
 - Position - Current Tenure: _____
 Perm Temporary (014=982, 018=996)
 - Position - Current Time Base _____
 Full Time Part Time _____ (Fraction)
 Intermittent Indeterminate
 - Position Report Verified
 - Location: (County) _____
 - Collective Bargaining ID: _____
 - Division: _____ Branch/DAA: _____
 - Contact Person: _____
 Phone: _____
 - Hiring Supervisor: _____
 Phone: _____

EMPLOYEE ACTION (PART II)

DO NOT COMPLETE IF DOF APPROVAL IS REQUIRED

- V. Appointment:**
- Legal Name: _____
 - Alternate Range (If applicable): _____
 (Attach supporting documentation)
 - Date Medical Clearance Completed (If applicable): _____
 - Actual Appointment Date:** _____
 - Method of Appointment: _____
 New Hire to State Service
 Promotion
 Transfer
 Reinstatement
 Training & Development Assignment (Attach plan)
 Other (Specify): _____
 - Tenure: _____
 Permanent
 Limited Term _____ (No. of months)
 TAU
 Retired Annuitant
 CEA
 - Time Base: _____
 Full Time
 Part Time _____ (Fraction)
 Intermittent _____ (Hrs/month)
 Indeterminate
 - Collective Bargaining ID: _____
 - Special Salary Action (Justification required): _____
 Hiring Above Minimum (HAM)
 CEA/Exempt Salary Rate
 Bilingual Hire
 Other (Specify): _____
 - Attached ([See SO-12 Part II Checklist](#))
 SO-194 - Report of Hiring Interview Form
 SO-207 – Eligibility Verification Form
 SO-208 – Alternate Range and Salary Determination Worksheet
 Screening Criteria, Interview Questions, and Rating Criteria
 Email from Position Control regarding DOF approval (If applicable)
 SO-74 Notification of Promotional Hire (If applicable)
 Job Offer Letter
 - If current CDFA Employee, please enter prior position number: _____
 _____ (Refer to Monthly Position Report)

- II. Proposed Position Action:**
 (Attach 1 copy of the current and proposed duty statements and organizational charts, and justification memo if necessary.)
- New Position
 - Fill Vacancy
 - Transfer Position to Unit #: _____
 - Location (County): _____
 - Reclass Position to (Justification required):
 Class Title _____
 Agency # _____ Unit # _____
 Class Code: _____
 - Other (Specify): _____
- Proposed Effective Date: _____
 (Must be 30 business days following submission to DOF)

- III. Recruitment:**
- Advertise (ECOS Generator)
 ECOS: Yes No Date Posted: _____
 Previously Advertised: Yes No JC#: _____ Cert # _____
 No
- Potential for Hiring Above Minimum (HAM): Yes No
 (Contact CAU Analyst for Instructions)
- Position Requires Medical Clearance: Yes No
 Position Requires Form 700 Filing: Yes No
 Position Requires DOF Approval: Yes* No
 (Should not exceed a 25% increase*)
- Program Code** _____
 *Appointment cannot be made until DOF Approval is received. Refer to [Budget Letter 20-16](#) and [SB 808- Budget Act of 2020](#)

IV. Comments:

| VI. Signatures | Part II Signatures |
|-----------------|--------------------|
| Branch Chief | |
| Director/CEO | |
| Secretariat | |
| Human Resources | |