

State of California
 California Department of Food and Agriculture
Request for Personnel Action
 SO-12 (Rev. 10/18) [SO-12 INSTRUCTIONS](#)

FY _____ Program Control # _____ (Optional)

POSITION ACTION (PART I)

I. Current Position Identification:

1. Class Title: _____
2. Position Number: _____
3. Date Position Vacant: _____
4. Position - Current Tenure: _____
 Perm Temporary (014=982, 018=996)
5. Position - Current Time Base _____
 Full Time Part Time _____ (Fraction)
 Intermittent Indeterminate
6. Location: (County) _____
7. Collective Bargaining ID: _____
8. Division: _____ Branch/DAA: _____
9. Contact Person: _____
 Phone: _____
10. Hiring Supervisor: _____
 Phone: _____

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: _____
- Potential for Hiring Above Minimum (HAM): Yes No
 (Contact CAU Analyst for Instructions)
- Position Requires Medical Clearance: Yes No
- Position Requires DOF Approval: Yes No
 (Should not exceed a 25% increase)
- Program Code** _____

EMPLOYEE ACTION (PART II)

V. Appointment:

1. Legal Name: _____
2. Employee eligibility verified with: _____
 Date: _____
 Email Verification
3. Alternate Range (If applicable): _____
 (Attach supporting documentation)
4. Date Medical Clearance Completed (If applicable): _____
5. **Actual Appointment Date:** _____
 (Leave blank if DOF Approval is required)
6. Method of Appointment:
 New Hire to State Service
 Promotion
 Transfer
 Reinstatement
 Training & Development Assignment (Attach plan)
 Other (Specify): _____
7. Tenure:
 Permanent
 Limited Term _____ (No. of months)
 TAU
 Retired Annuitant
 CEA
8. Time Base:
 Full Time
 Part Time _____ (Fraction)
 Intermittent _____ (Hrs/month)
 Indeterminate
9. Collective Bargaining ID: _____
 [Refer to Pay Scales]
10. Special Salary Action (Justification required):
 Hiring Above Minimum (HAM)
 CEA/Exempt Salary Rate
 Bilingual Hire
 Other (Specify): _____
11. Attached
 SO-194 - Report of Hiring Interview Form
 Screening Criteria, Interview Questions, and Rating Criteria
 Email from Position Control regarding DOF approval (If applicable)
 SO-74 Notification of Promotional Hire (If applicable)

IV. Comments:

Human Resources Office Use Only

JOB CONTROL Date _____ Initials _____

POSITION CONTROL

SO-12 Approve Date _____ Initials _____

New Position # _____

Form 607 # _____ Vacancy Report Check

PERSONNEL SPECIALIST

Medical Approved _____ Initials _____

Cert No _____ Exp. Date _____

Part I Completed - Date _____ Initials _____

Part II Completed - Date _____ Initials _____

VI. Signatures

Part I Date Part II Initials Part II Date

Branch Chief			
Director/CEO			
Secretariat			
Human Resources			