YMS MANAGEMENT ASSOCIATES, INC.
160 BROADWAY, SUITE 1201 NEW YORK, NY 10038 | 212.374.1385
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COMMUNITY BASED ORGANIZATION

PERSONNEL ACTION FORM

CBO Name:			BO ID:
Employee Name:		SS#	
Address:			
City:	State:	Zip Code:	Married Single
Date of Birth:		No of Exemptions:	
Budget:	Title:	Salary:	Maximum Weekly Hours:
New Hire: Y N		Effective Date of Employment:	
Effective Date of Title or Rate Change:			

I accept the conditions and stated rate of payment for the position without reservation.

I certify that I have read and understand the contents of this Personnel Action Form.

I also understand and agree that any increase or adjustment in the rate of payment due to job assignment or retrenchment will be made in accordance with the CBO's policy as set forth in the directives of the CBO's funding source.

_____ _____

EMPLOYEE'S SIGNATURE **DATE**

_____ _____

DIRECTOR'S SIGNATURE DATE **DATE**