



CITY OF REDONDO BEACH PERSONNEL TRANSACTION FORM

NEW HIRE*

Employee No. _____
Name DEBRA KOCHHEIM Hiring Department Police
Address 401 DIAMOND STREET REDONDO BEACH 90277
Home Phone No. _____ Cell Phone: 310-379-2477 City Work Ext. _____
Job Title PROGRAM COORDINATOR Part-Time Hire Date 7/12/2021
Pay Code _____ Pay Rate \$ 49.51/hr Step _____ Date of Next Increase _____
Notes PROGRAM COORDINATOR
Home Cost Center 10021690 Work Location _____ Paycheck Location 210

**Submitted once pre-employment process has been completed.*

STATUS CHANGE

Employee No. _____
Name _____ Department Police
Effective Date (must be beginning of a pay period) _____
*Payroll Title Change from _____ to _____
*Pay change from \$ _____ to \$ _____
*Special Pay Type _____ Special Pay Amount/Percent _____
Reason for change _____
Change _____ from _____ to _____

TERMINATION:

Recommend Rehire? ☐ Yes ☐ No Effective date of termination _____

**Requires City Manager approval*

APPROVALS

Department Head _____

Date _____

Assistant City Manager/HR Director _____

Date _____

City Manager _____

Date _____

HUMAN RESOURCES DEPT.

Date Rec'd from Dept: _____

Reviewed by: _____

Initials _____ Date _____

Approved copies provided to: Employee, Payroll, and Department. Original filed in employee's personnel folder.
11/07



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Initials _____ Date _____

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