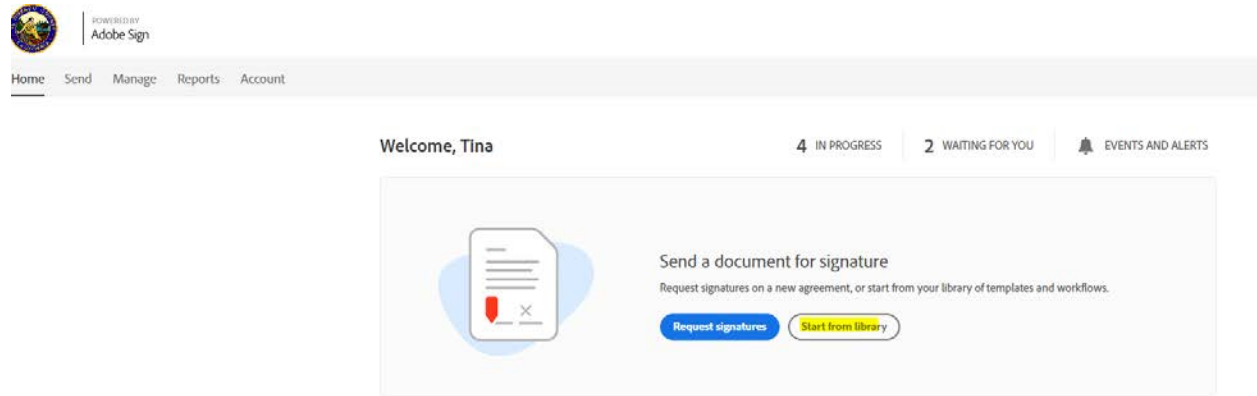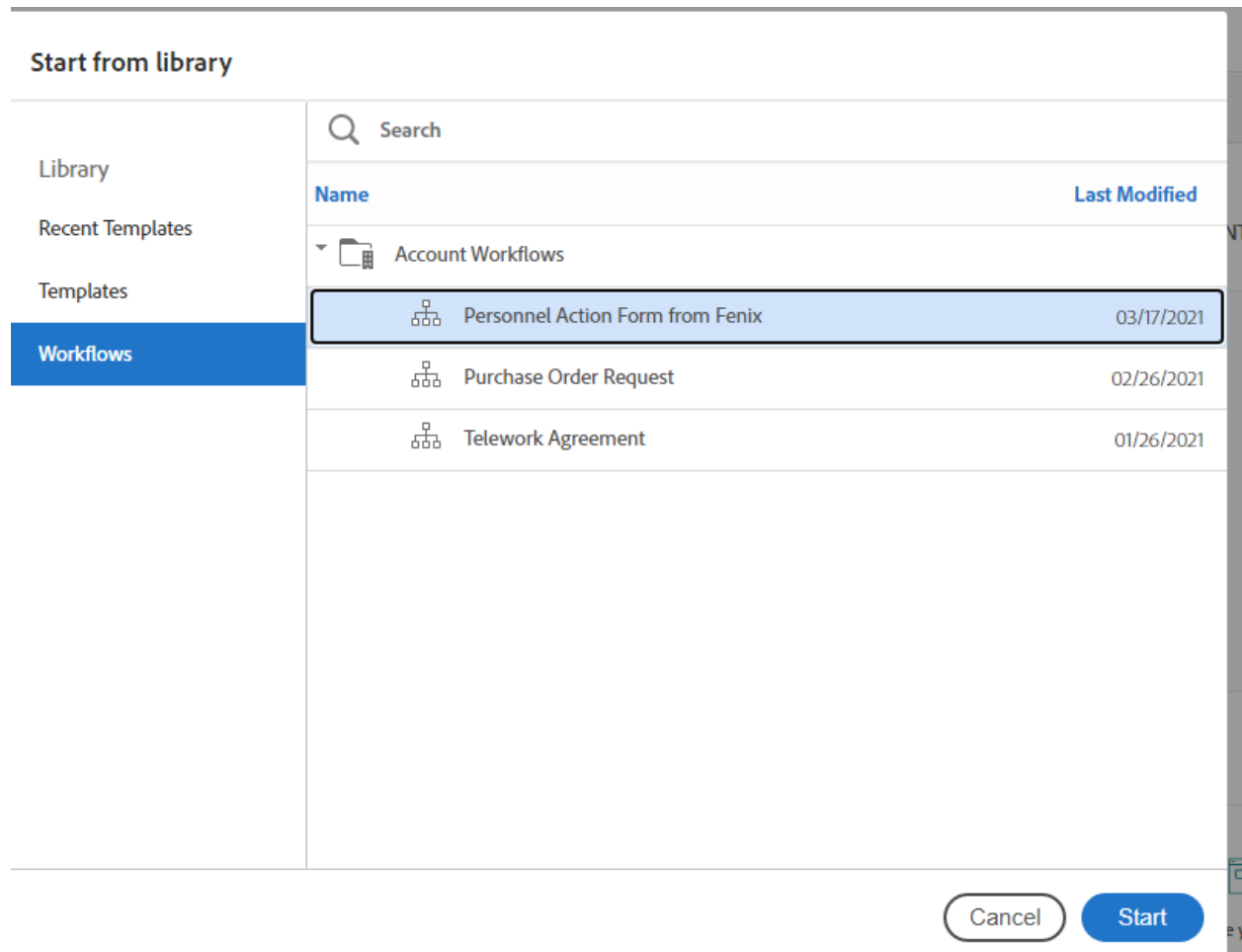**Fenix PA into Adobe Sign**

Download PA from Fenix into a PDF file and save file to an easily accessible location.

Log into Adobe Sign.

From your home screen select "Start from library"

Select Workflows and choose "Personal Action form from Fenix" then click start

Add the email recipients into the appropriate fields (Employee, Dept. Head).

If you need the document to include a cc not allowed in the workflow template, you can add your own flow....can this be added in case a customized workflow is needed? If so, can those steps be included here?

Payroll defaults to au-payroll-m@edcgov.us. The cc is also payroll and cannot be removed.

In the Documents section click on "browse" to select the PA that was previously downloaded and saved from Fenix.

Then click on Send. Adobe will process the document and import the PA. This will not release the document into approval workflow.

Naming convention for PA:
"EE Name - Action - Eff PP" Example: Smith, John - Promo - PP15/2022.

Next select the dropdown arrow "Field Templates" Choose "PA Form from Fenix" then click apply.
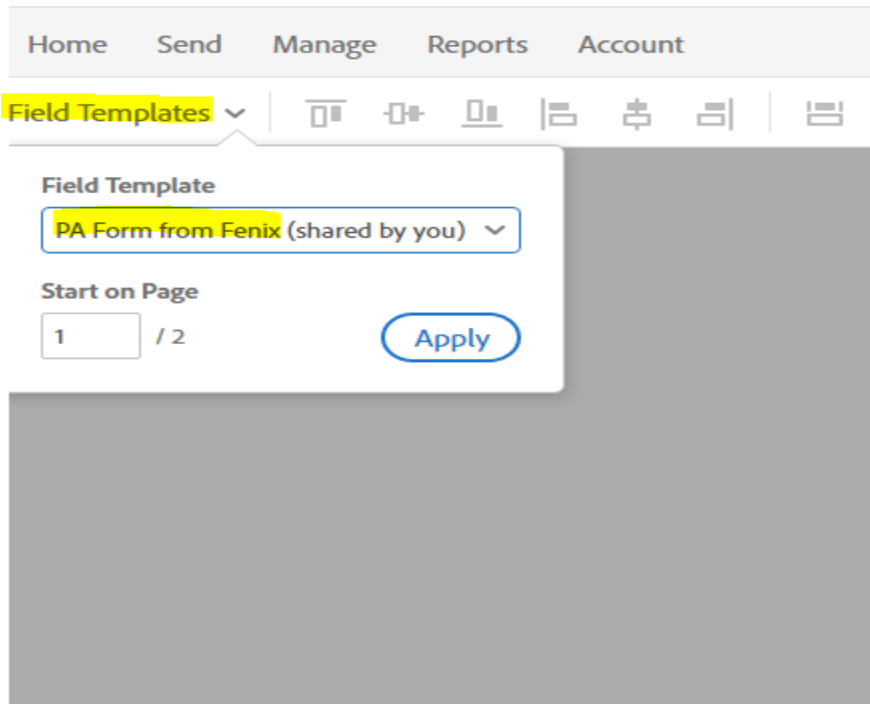
The PA is now overlaid. View both pages to make sure no adjustments need to be made:

NOTE – the comments box may be moved up or down if there are not many pays. You can also drag an additional text box if you want.

NOTE- If PA Form is two pages, the signers will be required to sign both pages so the comments can be on either the first or second page.

Once the form is good then click on "Send". This will not release the document into approval workflow. By clicking send, Adobe will prepare the PA for the form filler to complete.

Start Date	End Date	Pay	Type	Description	Org	Rate	Period Pay
07/20/2019	12/31/9999	890	93	PAYOFF - SICK LEAVE	0610100	27.2700	0.00
07/20/2019	12/31/9999	891	93	PAYOFF- VACATION LEAVE	0610100	27.2700	0.00
07/20/2019	12/31/9999	892	93	PAYOFF- COMP LEAVE	0610100	27.2700	0.00
07/20/2019	12/31/9999	400	01	ON CALL-$/HR	0610100	2.5000	0.00
07/20/2019	12/31/9999	440	01	SHIFT - SWING $.50/HR	0610100	0.5000	0.00
07/20/2019	12/31/9999	442	01	SHIFT - NIGHT $.75/HR	0610100	0.7500	0.00

Initials

Signature Block

Stamp

Signer Info Fields ⌄

Data Fields ⌄

More Fields ⌄

Reset Fields

☐ Save as template

Send

Fill out the dates and radio buttons at the top of the form. These will populate automatically onto the second page of the PA Form (if there is one).

RUN TIME: 3/17/2021 1:04:04 PM

PERSONNEL ACTION FORM

EFFECTIVE DATE: 03/18/2021

DATE PREPARED: 03/15/2021

○ NEW HIRE   ○ REG
● MERIT   ● EVAL
○ EH   ○ TERM
○ PROMO   ○ OTHER

If any updates are needed you can update in the yellow boxes.

American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Two or More Races	Ethnicity: Hispanic or Latino

ST	Primary Dept	Primary Loc	Primary Job	Check Loc	Primary Phone	Position Date	Supervisor	Service Date
FT	1000	1002	3130	1002		05/11/2019		12/29/2001

RTH	PERS	PERS Plan		Next Performance	Next Salary Review	Kronos Pay	Kronos Profile
Y	CLASSIC	PERS EE/ER CO T2 2%@55		02/03/2021		CO 40OT	EDC IT ADMIN

| Term | Term Date | Status | Probation Start/End Date | Sort | LOA Effective Date | LOA Return Date | LOA Code | AB119 |

NOTE - This form will not catch errors such as salary miscalculations errors missed fields, so you will need to review the form in detail to ensure it is accurate before hitting the final "send" in the next step.

NOTE – The supplemental and additional pay codes are not editable fields. You will need to include any revisions, edits, deletions or additions in the yellow comments field.

Job Class	Start Date	End Date	Pay	Type	Description	Org	Rate	Period Pay
3130	05/11/2019	12/31/9999	890	93	PAYOFF - SICK LEAVE	1010000	46.1283	0.00
3130	05/11/2019	12/31/9999	891	93	PAYOFF- VACATION LEAVE	1010000	46.1283	0.00
3130	05/11/2019	12/31/9999	892	93	PAYOFF- COMP LEAVE	1010000	46.1283	0.00
3130	05/11/2019	12/31/9999	400	01	ON CALL-$/HR	1010000	2.5000	0.00
3130	05/11/2019	12/31/9999	440	01	SHIFT - SWING $.50/HR	1010000	0.5000	0.00
3130	05/11/2019	12/31/9999	442	01	SHIFT - NIGHT $.75/HR	1010000	0.7500	0.00
3130	02/13/2021	12/31/9999	640	21	OPTIONAL BENEFIT CREDIT	1010000	0.0000	0.00
3130	10/12/2019	12/31/9999	774	70	LONGEVITY_HRLY-7.5% FROZEN	1010000	3.2183	257.46

_____   _____   _____
Employee Signature   Date   Department Head Signature   Date   Personnel Approval   Date

RUN TIME: 3/11/2021 9:44:27 AM   PERSONNEL ACTION FORM   ☐] NEW HIRE ☐] REG

EFFECTIVE DATE: _____   ☐] MERIT   ☐] EVAL

DATE PREPARED: _____   ☐] EH   ☐] TERM

EMPLOYEE :   ☐] PROMO   ☐] OTHER

0

Comments:

Once complete click on "click to send"

	USD		
Primary Project String			

Click to Send

The document will now be released into approval workflow and go to employee, department head, and payroll.