**PERSONNEL ACTION FORM**

TO: **HUMAN RESOURCES DIRECTOR** FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Employee Name) (D.O.B) (SSN)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address) (City) (State) (Zip) (Phone)

Spouse/Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver's License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please enter the following change as of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Effective Date)**

|  |  |
| --- | --- |
| NEW HIRE  RE-HIRE  PROMOTION  DEMOTION  TRANSFER  DISCRETIONARY INCREASE  COST-OF-LIVING INCREASE  INITIATE / CHANGE CERTIFICATE PAY | CHANGE NAME/ADDRESS/PHONE/ETC.  RECLASSIFICATION OF JOB  SEPARATION (ELIGIBLE FOR REHIRE)  YES NO  RESIGNATION  RETIREMENT  LAYOFF  DISMISSAL / TERMINATION  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PRESENT STATUS** (If new hire, leave blank) **NEW STATUS** (After this change)

|  |  |
| --- | --- |
| Category (F/T, P/T, LP, etc): | Category (F/T, P/T, LP, etc): |
| Class/Title: | Class/Title: |
| Group/Step: Salary: | Group/Step: Salary: |
| Fund:  Department: | Fund:  Department: |
| Codes (for Human Resources use, only)  W/Comp: EEOC: U/E: | Codes (for Human Resources use, only)  W/Comp: EEOC: U/E: |

REMARKS:

PRIOR

SERVICE:

**I verify that I have reviewed the foregoing information and found such action to be in compliance with the County's Policy and Procedure and with this department's budget.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's Signature Date

\* The above change  **IS**  **IS NOT** approved by the Commissioner's Court.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Judge Date

**(SUBMIT ORIGINAL TO HUMAN RESOURCES AND RETAIN COPY FOR YOUR RECORDS)**