

PERSONNEL ACTION FORM

TO: HUMAN RESOURCES SUPERVISOR

FROM: _____

(Employee Name) _____

Please enter the following change as of;

(Effective Date)

- | | |
|--|---|
| <input type="checkbox"/> NEW HIRE
<input type="checkbox"/> RE-HIRE
<input type="checkbox"/> PROMOTION
<input type="checkbox"/> DEMOTION
<input type="checkbox"/> TRANSFER
<input type="checkbox"/> MERIT INCREASE
<input type="checkbox"/> COST-OF-LIVING INCREASE
<input type="checkbox"/> INITIATE/CHANGE CERTIFICATE PAY | <input type="checkbox"/> CHANGE IN RECLASSIFICATION OF JOB
<input type="checkbox"/> SEPARATION (Eligible for Re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No)
<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> LAY OFF
<input type="checkbox"/> DISMISSAL
<input type="checkbox"/> OTHER _____ |
|--|---|

PRESENT STATUS (if new hire, leave blank)

NEW STATUS (after this change)

Category (F/T, P/T, LP, etc.):	Category: Regular Full-Time
Class/Title:	Class/Title:
Group/Step: Salary:	Group/Step: Salary:
Fund:	Fund:
Department:	Department:
Codes (for Human Resources use, only) W/Comp: EEOC: U/E:	Codes (for Human Resources use, only) W/Comp: EEOC: R/W/F/06 U/E:

REMARKS:

PRIOR SERVICE:

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

*

Supervisor's Signature

Date

* The above change IS IS NOT approved by the Commissioners Court.

County Judge

Date

(Submit original to Human Resources and retain copy for your records)