

Personnel (Employee) Action Form

Employee: _____ Last 4 digits of SS# _____

Assigned Position: _____ Position # _____

Type of Position: _____ If Part-time, how many hours per/wk? _____

Funding Source (10 digit General Ledger #): _____

Department: _____ Date Submitted: _____

EMPLOYEE STATUS:

EMPLOYMENT ACTION:

EFFECTIVE DATE OF ACTION: _____

SALARY: Current Annual Salary: _____ Grade _____ Step _____

Proposed Annual Salary: _____ Grade _____ Step _____

CLASSIFICATION: Current Classification: _____

Requested Classification: _____

LEAVE STATUS:

If Other is chosen, please provide details. _____

Dates of Absence with Pay: Beginning: _____ Ending: _____

Dates of Absence without Pay: Beginning: _____ Ending: _____

CHANGES IN SITUATION:

~Name Change: _____

~Address Change: _____

REMARKS/JUSTIFICATION:

Department Manager/Date

Human Resources Department/Date

County Manager/Date

For use by HR department only

Keyed by: _____

Date: _____

LC-004

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

By: _____ Sandra Barss, Finance Officer