Personnel (Employee) Action Form

Employee: _____ **Last 4 digits of SS#**_____

Assigned Position: _____ **Position #**_____

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

Funding Source (10 digit General Ledger #)**:** _____

Department: Soil Conservation **Date Submitted**: _____

EMPLOYEE STATUS: Interim/Acting

EMPLOYMENT ACTION: Other Other

EFFECTIVE DATE OF ACTION: _____

SALARY: Current Annual Salary: _____Grade_____ Step _____

Proposed Annual Salary: _____Grade_____ Step _____

CLASSIFICATION: Current Classification: _____

Requested Classification: _____

LEAVE STATUS: Other

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 Resource Director/Date County Manager/Date

For use by HR department only	Keyed by: _____ Date: _____

LC-004