



Personnel Action Form

Date: _____ **Department:** _____

Last Name: _____ **First:** _____ **Middle:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Employee #:** _____

SSN: _____ **Date of Birth:** _____

Marital Status: _____ **Race:** _____

Emergency Contact: _____ **Emergency Phone:** _____

Effective Date: _____ **Former Employee – Month/Year** _____

Type of Action Requested: New Hire _____ Termination (Resigned, Dismissed, Retired, Death) _____
 Leave with Pay _____ Released from Probation _____
 Leave without Pay _____ Other Explain: _____
 Classification Change _____

Position Type: Full Time _____ Part Time _____ Other Explain: _____

Employee Status: Regular _____ Temporary _____ Beginning Date _____ Ending Date _____
 Probationary _____ Intern _____
 Trainee _____ Other Explain: _____

Present/Last Classification: Position/#: _____ Grade: _____ Salary: _____

Requested Classification: Position/#: _____ Grade: _____ Salary: _____

Name of Employee Replaced: _____

Comments-Additional Information: _____

HR/Employee Relations Director: _____ **Date:** _____

Comments: _____

Requested By: _____ **Date:** _____

Department Head: _____ **Date:** _____

APPROVALS

Finance Officer: _____ **Date:** _____

Assistant County Manager: _____ **Date:** _____

County Manager: _____ **Date:** _____