



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: _____

Department Head: _____ **Date:** _____

APPROVALS

Finance Officer: _____ **Date:** _____

Administration: _____ **Date:** _____

County Manager: _____ **Date:** _____