

PERSONNEL ACTION FORM

TO: COUNTY TREASURER

FROM: _____

(Employee Name)

(D.O.B.)

(Social Security Number)

(Street Address)

(City)

(State)

(Zip)

(Phone)

Spouse / Next of Kin; _____

Emergency Telephone # _____

Driver's License # _____

Effective Date: _____

- | | |
|--|---|
| <input type="checkbox"/> NEW HIRE - (Please specify classification below)
<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 NAME/ADDRESS/PHONE/ETC.
<input type="checkbox"/> RECLASSIFICATION OF JOB
<input type="checkbox"/> SEPARATION (Eligible for Re-hire?) Yes <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> LAY OFF
<input type="checkbox"/> DISMISSAL
<input type="checkbox"/> OTHER _____ |
|--|---|

PRESENT STATUS

NEW STATUS (after this change)

Category – (F/T, P/T – (Regular, Temporary, Intern, Seasonal, etc.) <i>Please Circle Classification</i>	Category : (F/T, P/T – (Regular, Temporary, Intern, Seasonal, etc.) <i>Please Circle Classification</i>
Title:	Title:
Projected Number of Hours Each Week:	Projected Number of Hours Each Week:
Salary:	Salary:
Fund:	Fund:
Department:	Department:

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

* *I verify that I have reviewed the foregoing information and find that sufficient departmental funds ARE ARE NOT remaining for this change for the current fiscal year, subject to verification of appropriately budgeted funds.*

County Auditor

Date

* *Appropriately budgeted funds ARE ARE NOT available for this change and if available;*

County Judge

Date

* *The above change was approved by Commissioners Court during regular budget hearings and requires no additional approval.*
The above change IS IS NOT approved by the Commissioners Court.

(Submit original to Treasurer's Office; copy to Auditor's Office; retain copy for your records)