



# NOTICE OF PERSONNEL ACTION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

- Promotion
- Cost of Living
- Discharge
- Leave of Absence
- Step/Grade Merit
- New Employee
- Other
- Reclassification
- Rehired
- Voluntary Resignation
- End of Probation

Remarks and/or Reasons for Action:

With benefits – Number of Hours/Week: \_\_\_\_\_

Without benefits – Number of Hours/Week: \_\_\_\_\_

PRESENT STATUS
Class Title _____
Department Name _____
Department Number _____
Step _____ Grade _____
Salary _____
Merit Increase _____
Last Day Worked _____

PROPOSED STATUS
Class Title _____
Department Name _____
Department Number _____
Step _____ Grade _____
Salary _____
One-time Merit Bonus _____
To Be Paid On _____
Merit Increase _____
First Day Worked _____
Next Merit Review Date _____

Funds Available

Funds Not Available

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Human Resources Date

\_\_\_\_\_  
County Manager Date

\_\_\_\_\_  
Payroll Date

Remarks: