



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: