## Revision effective 9-2016; 12-2016; 9-2019

## **Austin County PERSONNEL ACTION FORM**

The Personnel Action Form (also referred to as PAF) is to be completed when there is a change in personnel. The Elected Official or Designee is responsible for sending the <u>original PAF to Human Resources</u>. A copy to County Treasurer's Office and the County Auditor's Office.

Please pr	int clearly. Check (√) eac	h section (I, II, III)				
Employee Name:				Today's Date:		
Department:				Date of Hire:		
Elected	Official Name:			Position/Title		
	Regular Full time — 40 retirement, vacation, sick and Regular Full Time — 32 retirement, vacation (prorated Affordable Care Act. If an emp Regular Full Time — 30 and retirement as defined by Con work period they are eligi approved and granted by Com Regular Part Time — 20 released time. However, seas Temporary. A Temporary assignment. The Elected Offic Employee is not eligible for an II Official should notify Human	holidays.  2 hours per week. Employee h at 6.5), sick (prorated at 6.5) and holidologee works 30 hours per week over a commissioners Court. (30 hours per wible for medical insurance). Not eligible missioners Court.  9.75 hours per week or less conal holidays may be approved and governed to send Human Resource by County benefits or retirement benefits or retirement benefits of the county of t	as full access to mas full access to mas full access to may (prorated at 6 a 52 hour work personal full access to make as full access to make as defined by olde for vacation, side.  5. Employee is eligranted by Commork for a specified es a written stater fits.	medical insurance benefit medical insurance benefit 5.5) as defined by Commeriod they are eligible for medical insurance benefit by Affordable Care Act. If ck, holiday or other releat ligible for retirement ben hissioners Court. Must co d, limited time period or i ment to include begin an  plies and go to Sect employee. Any change	its, supplemental insurance, basic term life/AD&D, an employee works 30 hours per week over a 52 ased time. However, seasonal holidays may be efits. Not eligible for vacation, sick, holiday or other emplete an insurance WAIVER. Is hired to complete a specified project or dending time period specified for this hire.	
Descript	ion needs to be sent to HR alo	ng with the PAF if any changes to a	. ,	this is the first physic	cal day to work a full shift tion is to be part of the shift worked that day)	
	Re Hire	Date of Re Hire:		' '	cal day to work a full shift tion is to be part of the shift worked that day)	
	Part Time to Full Time	Effective date is:		Elected Official to n	otify employee to contact HR to add benefits	
	Full Time to Part Time	Effective date is:		Elected Official to r	notify employee to contact HR to drop benefits	
	Transfer	Name of Department		Effect	ctive date:	
	Replacing	Name of employee being rep	olaced:			
	Suspension	Begins:	Ends:		$\square$ with pay $\square$ without pay (check $(\sqrt{)}$ one)	
	Administration Leave	Begins:	Ends:		□ with pay □ without pay (check (√) one)	
	Resignation	Effective date is:		Elected Official to n	otify employee to contact HR	
	Retirement	Effective date is:		Elected Official to n	otify employee to contact HR	
	Promotion	Effective date is:				
	Pay Increase	Effective date is:				
	Pay Reduction	Effective data is:				
	Certificate Pay	Effective date is:				
Section Budget					Travel Allowance	
_	Hourly Rate			OT Rate (EMS only)		
_	Annual Rate			Travel Allowance		
_	Cert	ificate Pay Rate (Sheriff's Offic	e 113, 114)		Shift Differential Pay (EMS only)	
Employee Signature			Da	Date:		
Elected Official / Designee Signature			 Da	Date:		