

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. It is the responsibility of the Elected Official or Designee to return the original to Human Resources and a copy to the County Treasurer's Office and to the County Auditor's Office.

Please print clearly. check (✓) each section (I, II, III)

| | | | |
|------------------------|--|----------------|--|
| Employee Name: | | Today's Date: | |
| Department: | | Date of Hire: | |
| Elected Official Name: | | Position/Title | |

Section I (check (✓) one that applies)

Regular Full time – 40 hours per week. Employee has full access to medical insurance benefits, supplemental insurance, basic term life/AD&D, retirement, vacation, sick and holidays.

Regular Full Time – 32 hours per week. Employee has full access to medical insurance benefits, supplemental insurance, basic term life/AD&D, retirement, vacation (prorated at 6.5), sick (prorated at 6.5) and holiday (prorated at 6.5) as defined by Commissioners Court. (30 hours per week as defined by Affordable Care Act. If an employee works 30 hours per week over a 52 hour work period they are eligible for medical insurance)

Regular Full Time – 30 hours per week. Employee has full access to medical insurance benefits, supplemental insurance, basic term life/AD&D, and retirement as defined by Commissioners Court. (30 hours per week as defined by Affordable Care Act. If an employee works 30 hours per week over a 52 hour work period they are eligible for medical insurance). Not eligible for vacation, sick, holiday or other released time. However, seasonal holidays may be approved and granted by Commissioners Court.

Regular Part Time – 29.75 hours per week or less. Employee is eligible for retirement benefits. Not eligible for vacation, sick, holiday or other released time. However, seasonal holidays may be approved and granted by Commissioners Court. Must complete an insurance WAIVER.

Temporary. A Temporary employee is an employee hired to work for a specified, limited time period or is hired to complete a specified project or assignment. The Elected Official will need to send Human Resources a written statement to include begin and ending time period specified for this hire. Employee is not eligible for any County benefits or retirement benefits.

Section II (check (✓) and complete status that applies and go to Section III)

Elected Official should notify Human Resources when there is a status change with an employee. Especially when the change will effect benefit changes.

| | |
|------------------------|--|
| New Hire | Date of Hire: _____ is the first physical day at work or on shift |
| Re Hire | Date of Re Hire: _____ is the first physical day at work or on shift |
| Part Time to Full Time | Effective date is: _____ |
| Full Time to Part Time | Effective date is: _____ |
| Transfer | Name of Department _____ Effective date: _____ |
| Replacing | Name of employee being replaced: _____ |
| Suspension | Begins: _____ Ends: _____ <input type="checkbox"/> with pay <input type="checkbox"/> without pay (check (✓) one) |
| Administration Leave | Begins: _____ Ends: _____ <input type="checkbox"/> with pay <input type="checkbox"/> without pay (check (✓) one) |
| Resignation | Effective date is: _____ |
| Retirement | Effective date is: _____ |
| Promotion | Effective date is: _____ attach a Job Description |
| Pay Increase | Effective date is: _____ |
| Pay Reduction | Effective date is: _____ |
| Certificate Pay | Effective date is: _____ |

Section III

| | |
|--|---|
| Budget Line Item number: _____ - _____ - _____ | Travel Allowance |
| _____ Hourly Rate | _____ OT Rate (EMS only) |
| _____ Annual Rate | _____ Travel Allowance |
| _____ Certificate Pay Rate (Sheriff's Office 113, 114) | _____ Shift Differential Pay (EMS only) |

Employee Signature _____

Date: _____

Elected Official / Designee Signature _____

Date: _____