**PERSONNEL ACTION FORMDatabaseID=[[DatabaseID]]|ContactID=[[ContactID]]|**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TO: **COUNTY TREASURER** | | | | | | | FROM: | |  | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | |
| (Employee Name) | | | | | | | Effective Date | | | |  | | | | | | |
|  | | | | | | |  | | | |  | | | | | | |
|  | | | |  | | |  | | | | | |  | | | | |
|  | | | | | | |  | | | |  | | | | | | |
| * NEW HIRE - (Please specify classification below) | | | | | | | * CHANGE IN NAME/ADDRESS/PHONE/ETC. | | | | | | | | | | |
| * RE-HIRE | | | | | | | * RECLASSIFICATION OF JOB | | | | | | | | | | |
| * PROMOTION | | | | | | | * SEPARATION (Eligible for Re-hire?) Yes No | | | | | | | | | | |
| * DEMOTION | | | | | | | * RESIGNATION | | | | | | | | | | |
| * TRANSFER | | | | | | | * RETIREMENT | | | | | | | | | | |
| * STEP GRADE INCREASE | | | | | | | * LAY OFF | | | | | | | | | | |
| * COST-OF-LIVING ADJUSTMENT (COLA) | | | | | | | * DISMISSAL | | | | | | | | | | |
| * INITIATE/CHANGE CERTIFICATE PAY | | | | | | | * OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | |
|  | | | | | | |  | | | | | | | | | | |
| **PRESENT STATUS** | | | | | | | **NEW STATUS** (after this change) | | | | | | | | | | |
| **Category –** (F/T, P/T) -***Please Circle Classifications***  (Regular, Temporary, Intern, Seasonal) | | | | | | |  | **Category -** (F/T, P/T) ***Please Circle Classifications***  (Regular, Temporary, Intern, Seasonal) | | | | | | | | |  |
| Title: | | | | | | |  | Title: | | | | | | | | |  |
| Projected Number of Hours Each Week: | | | | |  |  |  | Projected Number of Hours Each Week: | | | | | | |  |  |  |
| Salary: | | | | |  |  |  | Salary: | | | | | | |  |  |  |
| Line Item: | | | | | | |  | Line Item: | | | | | |  | | | |
| Department: | | | | | | |  | Department: | | | | | |  | | | |
|  | | | | | | |  | | | |  | | | | | | |
| REMARKS:  APPROVED PAYSCALE RANGE: | | | | | | |  | | | | | | | | | | |
| \* | | | ***I verify that I have reviewed the foregoing information and have found such action to be in compliance with the County’s Policy & Procedure, Approved Payscale Range, 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.*** | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | |  | | | | | |
| 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)**