

PERSONNEL ACTION REQUEST - LAMPASAS COUNTY



Date Prepared:

Prepared by: _____
Name, Title

For Office Use:

FLSA status (N/E):
Choose One:
 Appointed Official
 Elected Official
 Law Enforcement
 General Pay Plan

Employee Name Department:
(Last, First, Initial)

Employee No. Social Security No.

EMPLOYMENT ACTION

HIRE

Date of Hire:

Position Title:

Designate Employment Status: Full Time Part Time Temporary

Pay Rate: Annual (if full time) \$ Hourly (if Part Time or Tempora) \$

Notes:

CHANGES AFFECTING EMPLOYMENT

Change Type:	From:	to:	Reason for change:
1 Pay Rate: (hourly)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(annual)	<input type="text"/>	<input type="text"/>	
2 Title Change:	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Department:	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Employment Status:	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Benefit change:	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Leave of absence:	<input type="text"/>	<input type="text"/>	leave actual start and/or end date (if diff): <input type="text"/>
7 Type of Leave approved (see policy):	<input type="text"/>		
8 Other changes:	<input type="text"/>		

Notes:

TERMINATION OF EMPLOYMENT

Type of Termination: Voluntary: Retirement: Involuntary:

Other Type of Termination: _____

Official Last Date of Employment: Last Work Day:

Verify Return of County Property Yes No

Notes:

SIGNATURES

Employee Signature - reviewed and understand above _____

Supervisor (if applicable) Signature - reviewed and approve above _____

Department Head Signature - reviewed and approve above _____

Human Resources Signature - reviewed and agree per County _____

Payroll Signature - reviewed and agree per Payroll procedures _____