



Personnel Action Form

Employee Name

Employee ID #

Effective Date of Action

Reason(s) for
Change

Job Change

Pay Rate Change

Miscellaneous

Other

Other

Other

What is Changing?

Current

New

Comments

Department

Supervisor

Job Title

Position #

Status (FT/PT)

Pay

Grade

Location

Leave of Absence

Do not complete for normal vacation / Do not complete for sick leave of one week or less

Leave Begins

Return from Leave

Reason for Leave

First Day of Leave

Date Returned

Expected Duration

Other

Separation of
Employment

Attach Copy of Separation Notice

Resignation or Retirement

Attach Resignation Letter

Involuntary Termination

Attach Documentation

Other Separation Type

**Date Employee
Gave Notice**

Effective Date

Additional Comments

Signature

Title

Date

Employee's Supervisor

Dept Head / County Mgr

Human Resources Dept

HR Use Only