



PERSONNEL ACTION FORM
HOUSTON COUNTY PERSONNEL DEPARTMENT

Date: Department No.:
Employee Name: Effective Date:
Last four digits of SSN:

- Type of Action:
New Hire
Promotion
Demotion
Transfer
Retirement
Termination
Voluntary Resignation
Other

Complete all that apply to proposed change:

Table with 2 columns: Current, Proposed. Rows include Department, Position Title & Control #, Grade, Step, Salary, Shift Change.

Who is this employee replacing?

Will the current position be eliminated? Yes No

Is this employee a certified LEO? Yes No

If yes, attach current certification. If no, please write expected certification date

Is this employee eligible for floating holiday hours? Yes No

If yes, please list number of hours

Will this employee be driving a county vehicle (excluding certified law enforcement)? Yes No

TERMINATIONS ONLY

Reason for resignation or termination:

- Eligible for rehire? Yes No
Stop direct deposit? Yes No
Vacation pay out? Yes No
Vehicle allowance? Yes No

Appointing Authority

Date

Personnel Director

Date

