



PERSONNEL ACTION FORM
HOUSTON COUNTY PERSONNEL DEPARTMENT

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

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

Complete all that apply to proposed change:

Table with 2 columns: Current, Proposed. Rows: 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

Vacation pay out? [] Yes [] No

Vehicle allowance? [] Yes [] No

Appointing Authority

Date

Personnel Director

Date