COUNTY OF SIERRA

PERSONNEL ACTION FORM

Effective Date: _____

Department: **Select One***

Employee ID: _____

Name: _____
Last | First | Middle

Updated Employee Contact Information:

Mailing Address | City | State (CA) | Zip

Physical Address | City | State (CA) | Zip

Home Phone | Cell Phone | Personal Email Address

☐ Appointment	☐ Longevity	☐ Termination ☐ Not Re-Hireable	☐ Retirement	M.O.U.
☐ Merit Increase	☐ COLA	☐ Resigned ☐ Not Re-Hireable	☐ Other See Note Below	
☐ Promotion	☐ Reclassification	☐ Demotion		
☐ End of Probation	☐ Suspension	☐ Status Change See Note Below		

Present Classification			Proposed Classification		
Job Title:	Class:	Step:	Job Title:	Class:	Step:
Salary:	☐ Permanent Full-Time		Salary:	☐ Permanent Full-Time	
	☐ Permanent Part-Time			☐ Permanent Part-Time	
$ /hour	☐ Extra Help		$ /hour	☐ Extra Help	
$ /month	☐ Seasonal Help		$ /month	☐ Seasonal Help	

New Hire: Previously or presently a Public Employee's Retirement System Member?

Employer Name: Time Period (when): Employee Name, if different:

Estimated Date of Longevities: 5 years – 10 years - 15 years - 20 years -

Explanation of Personnel Action:

Employee's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

The above action conforms with the Personnel Code and County adopted budget or Board action attached.

Personnel Review: _____ Date: _____

Auditing Review: _____ Date: _____

Revised 190703