



COUNTY OF SIERRA

PERSONNEL ACTION FORM

Effective Date: _____

Department: _____

Employee ID: _____

Name: _____
Last
First
Middle

Updated Employee Contact Information: _____
Mailing Address
City
State
Zip

Physical Address
City
State
Zip

Home Phone
Cell Phone
Personal Email Address

<input type="checkbox"/> Appointment	<input type="checkbox"/> Longevity	<input type="checkbox"/> Termination	<input type="checkbox"/> Retirement	M.O.U.
<input type="checkbox"/> Merit Increase	<input type="checkbox"/> COLA	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other <small>See Note Below</small>	
<input type="checkbox"/> Promotion	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion		
<input type="checkbox"/> End of Probation	<input type="checkbox"/> Suspension	<input type="checkbox"/> Status Change <small>See Note Below</small>		

Present Classification			Proposed Classification		
Job Title:	Class:	Step:	Job Title:	Class:	Step:
Salary:	<input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal Help		Salary:	<input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Extra Help <input type="checkbox"/> Seasonal Help	
\$ _____ /hour			\$ _____ /hour		
\$ _____ /month			\$ _____ /month		

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: _____