

**PORTAGE COUNTY BOARD OF COMMISSIONERS
PERSONNEL ACTION FORM**

DATE:

EMPLOYEE NAME:

DEPT:

S.S. #: XXX/XX/_____

ADDRESS: _____

EMPLOYEE NUMBER:

FULL-TIME COUNTY HIRE DATE:

I. CURRENT STATUS (CURRENT INFORMATION)

JOB TITLE: _____ JOB CLASS CODE: _____

HOURLY RATE:

JOB CLASSIFICATION APPT.

CMS OR CBA PAY RANGE: _____ STEP: _____

\$ _____

DATE:

II. ACTION REQUESTED (MUST BE COMPLETED)

CHECK ONE:

- ☐ New Hire – Replaces: _____
- ☐ Rehire – Replaces: _____
- ☐ Promotion – Replaces: _____
- ☐ Demotion – Displaces: _____
- ☐ Disciplinary ☐ Fail Probation ☐ Voluntary
- ☐ Lateral Transfer - _____ (Department)
_____ (Position)
- ☐ Merit / Step Increase: Performance Evaluation Completed ☐ Yes ☐ No
Eval Type: ☐ Probationary ☐ Annual Evaluation Rating: _____
- ☐ Reclassification - New Job Class Code: _____
- ☐ Resignation/Separation (attach resignation letter) - LDW: _____ LDP: _____
- ☐ Retirement (attach retirement letter) - LDW: _____ LDP: _____
- ☐ Termination: LDW: _____ LDP: _____
- ☐ Layoff
- ☐ Other (specify) _____

CHECK ALL THAT APPLY:

- ☐ Part-time to Full-time
- ☐ Full-time to Part-time
- ☐ Classified
- ☐ Unclassified
- ☐ FLSA Exempt
- ☐ FLSA Non-Exempt
- ☐ Probationary appointment from effective date until _____
- ☐ New Job Class Request accompanies this form

III. NEW HIRE OR STATUS CHANGE (IF APPROVED)

JOB TITLE: _____

DEPARTMENT: _____

JOB CLASS CODE: _____

CMS OR CBA PAY RANGE: _____

STEP: _____

STATUS:

- ☐ Full-time (40 hours)
- ☐ Part-time / Benefits Eligible (30-39 hours)
- ☐ Part-time / Benefits Ineligible (under 30 hours)
- ☐ Seasonal Worker
- ☐ Temporary Assignment

HOURLY RATE:

\$ _____

EFFECTIVE DATE:

COMMENTS:

APPROVALS

APPOINTING AUTHORITY

DEPARTMENT DIRECTOR

APPOINTING AUTHORITY

HR DIRECTOR

COUNTY ADMINISTRATOR