

WAKULLA COUNTY BOARD OF COUNTY COMMISSIONERS
PERSONNEL ACTION FORM

Name _____ SS or Emp. # _____ Date _____
 Effective Date of Action _____ Race/Sex _____

INSTRUCTIONS: A Personnel Action Form **must** be completed for all new appointments, separations, and changes in employee status. Indicate the action taken by marking the appropriate category and making comments as necessary. Fill in the **previous** and **current** items for all employee status changes. Note the approval signatures must be completed before the acknowledgment of the employee. **The employee acknowledgment is the last signature required.** For other personnel actions, complete the current items only. When the form is completed, return to the **HUMAN RESOURCES DIVISION.**

ACTION:

APPOINTMENT	SEPARATION	STATUS CHANGE
Career Service (Probationary)	Resignation **	Promotion **
Part-Time: Hours Weekly	Dismissal **	Demotion **
Senior Management Service	Retirement **	Transfer **
Temporary (O.P.S.)*	Other **	Suspension **
Other (<i>Explain in Remarks</i>) **	RETIREMENT	Reinstatement **
	Regular _____ Special Risk _____	Other *
	Snr. Mgt _____ Other** _____	

* - List Specific Dates of Employment in Remarks

** - Attach Supporting Documentation

REMARKS: _____

Department/Division (Previous) _____	(Current) _____
Position Title (Previous) _____	(Current) _____
Position Number (Previous) _____	(Current) _____
Salary (Previous) _____	(Current) _____
Pay Grade (Previous) _____	(Current) _____
Account Number (Previous) _____	(Current) _____

Approval _____
 Division/Dept Director _____ Title _____ Date _____

Approval _____
 _____ Title _____ Date _____

Data Verification _____
 Human Resources Representative _____ Date _____

Acknowledgment _____
 Employee _____ Title _____ Date _____

RETURN TO HUMAN RESOURCES