

BONNEVILLE COUNTY

REQUEST FOR PERSONNEL ACTION

EMPLOYEE NAME:		Employee No.:																		
PERSONAL INFORMATION: <i>(For current employees complete only items which have changed)</i>																				
ADDRESS:		Date of Birth:																		
PHONE:		WORK/EXT:																		
EMERGENCY CONTACT INFORMATION																				
NAME AND RELATIONSHIP:																				
ADDRESS:																				
PHONE:		WORK/EXT:																		
PAY & STATUS INFORMATION:	CURRENT	PROPOSED																		
DEPT./DIV. - FUND/DEPT. CODE																				
POSITION TITLE AND CODE																				
STATUS: PT, FT, OR TEMP.																				
HOURS PER WEEK																				
PAY GRADE AND STEP																				
PAY RATE																				
<p style="text-align: center;">REASON FOR CHANGE</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> NEW HIRE</td> <td><input type="checkbox"/> PROMOTION</td> <td><input type="checkbox"/> RETIREMENT</td> </tr> <tr> <td><input type="checkbox"/> REHIRE</td> <td><input type="checkbox"/> DEMOTION</td> <td><input type="checkbox"/> RESIGNATION</td> </tr> <tr> <td><input type="checkbox"/> TRANSFER</td> <td><input type="checkbox"/> PROBATION</td> <td><input type="checkbox"/> LAYOFF</td> </tr> <tr> <td><input type="checkbox"/> MERIT STEP INCREASE</td> <td><input type="checkbox"/> LEAVE WITHOUT PAY</td> <td><input type="checkbox"/> TERMINATION</td> </tr> <tr> <td><input type="checkbox"/> REALLOCATION</td> <td><input type="checkbox"/> SUSPENSION WITHOUT PAY</td> <td><input type="checkbox"/> DEATH</td> </tr> <tr> <td><input type="checkbox"/> RECLASSIFICATION</td> <td><input type="checkbox"/> SUSPENSION WITH PAY</td> <td><input type="checkbox"/> OTHER (EXPLAIN)</td> </tr> </table>			<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> REHIRE	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> PROBATION	<input type="checkbox"/> LAYOFF	<input type="checkbox"/> MERIT STEP INCREASE	<input type="checkbox"/> LEAVE WITHOUT PAY	<input type="checkbox"/> TERMINATION	<input type="checkbox"/> REALLOCATION	<input type="checkbox"/> SUSPENSION WITHOUT PAY	<input type="checkbox"/> DEATH	<input type="checkbox"/> RECLASSIFICATION	<input type="checkbox"/> SUSPENSION WITH PAY	<input type="checkbox"/> OTHER (EXPLAIN)
<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RETIREMENT																		
<input type="checkbox"/> REHIRE	<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION																		
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> PROBATION	<input type="checkbox"/> LAYOFF																		
<input type="checkbox"/> MERIT STEP INCREASE	<input type="checkbox"/> LEAVE WITHOUT PAY	<input type="checkbox"/> TERMINATION																		
<input type="checkbox"/> REALLOCATION	<input type="checkbox"/> SUSPENSION WITHOUT PAY	<input type="checkbox"/> DEATH																		
<input type="checkbox"/> RECLASSIFICATION	<input type="checkbox"/> SUSPENSION WITH PAY	<input type="checkbox"/> OTHER (EXPLAIN)																		
EXPLANATION OF ACTION:																				
EFFECTIVE DATE:	NEXT SALARY DATE:	LAST EVALUATION DATE:																		
APPOINTING OFFICIAL: _____ REVIEWED BY: _____ <div style="text-align: center; font-size: small;">(Human Resource Department)</div>		DATE _____ DATE _____																		