

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

**I. IDENTIFICATION INFORMATION:**

Employee Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
Last First MI

**II. TYPE OF ACTION (mark appropriate action)**

- | Appointment                              | Separation                           | Pay Change  | Other Change  |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Regular         | <input type="checkbox"/> Resignation | <input type="checkbox"/> Promotion (attach Documentation) | <input type="checkbox"/> Position Location (SO/911) |
| <input type="checkbox"/> Temporary       | <input type="checkbox"/> Dismissal   | <input type="checkbox"/> Demotion (attach Documentation)  | <input type="checkbox"/> Transfer/ Reassignment     |
| <input type="checkbox"/> Full-Time       | <input type="checkbox"/> Retirement  | <input type="checkbox"/> Review (3/6)month                | <input type="checkbox"/> Status Change              |
| <input type="checkbox"/> Part- Time      | <input type="checkbox"/> Disability  | <input type="checkbox"/> Annual                           | <input type="checkbox"/> Address Change             |
| <input type="checkbox"/> Other (Explain) | <input type="checkbox"/> Deceased    | <input type="checkbox"/> Other (explain)*                 | <input type="checkbox"/> Other (explain)*           |


**III. EMPLOYMENT DATA:**      **Effective Date of Change or Start Date:** \_\_\_\_\_  
 Check if start date is Pending Pre-employment Background check and Drug Test

	<b>Current Data</b>	<b>New Data</b>
<b>*Job Title / Grade</b>	_____	_____
<b>*Department</b>	_____	_____
<b>*Direct Supervisor</b>	_____	_____
<b>*Hourly / Annual Rate</b>	_____	_____
<b>*Munis Requisition # (if applicable)</b>	_____	<b>Position #</b> _____
		<b>Is this a Driving Position?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>

**IV. ADDRESS / TELEPHONE DATA (complete for New Hire and changes)**

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: Male  Female   
 Married  Single  Ethnic Origin \_\_\_\_\_

**V. SEPARATION**      **Consider for Rehire?** Yes  No  (or), yes, not in the same capacity

Last Day Worked: \_\_\_\_\_ **Pay Out Sick Time?** Approve  Deny

Reason for Separation (attach documentation): \_\_\_\_\_

**VI. SIGNATURES**

_____ Employee	Date	_____ Supervisor	Date
_____ Agency Director/Department Head	Date	_____ Human Resources	Date
		_____ County Manager	Date

**Below for Payroll/Human Resources Use Only:**

H.R Munis/Selerix \_\_\_\_\_ Date \_\_\_\_\_ Payroll \_\_\_\_\_ Date \_\_\_\_\_