

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

I. IDENTIFICATION INFORMATION:

Employee Name: _____ Employee # _____
Last First MI

II. TYPE OF ACTION (mark appropriate action)

<u>Appointment</u>	<u>Separation</u>	<u>Pay Change</u>	<u>Other Change</u>
<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

Current Data	New Data
---------------------	-----------------

<p>*Job Title/Grade _____</p> <p>*Department _____</p> <p>*Direct Supervisor _____</p> <p>*Hourly/Annual Rate _____</p> <p>*Munis Requisition# (if applicable) _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Position # _____</p>
--	---

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

Last Day Worked: _____ **Consider for Rehire?** Yes [] No [] **Pay Out Sick Time?** Approve [] Deny []

Reason for Separation (attach documentation): _____

VI. SIGNATURES

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

Below for Payroll/Human Resources Use Only:

HR Munis _____ Date _____ Payroll _____ Date _____ Revised 7/2016

HR: For Terms: E-mail Property Maintenance _____ I.T _____ Munis Administrator _____