

**GRAND COUNTY
PERSONNEL ACTION FORM**

Employee Name: _____ Employee Number: _____

Department: _____ Position: _____

Date form Completed: _____

ACTION:

Original Hire (Probationary) _____ Grade: _____ Step: _____ Wage/Salary: _____

Promotion _____ Grade: _____ Step: _____ Wage/Salary: _____

Transfer _____ Grade: _____ Step: _____ Wage/Salary: _____

Demotion _____ Grade: _____ Step: _____ Wage/Salary: _____

Disciplinary _____

Termination/Resignation _____

Other: _____

STATUS: Full Time Exempt _____ Grant _____ Part Time Temporary _____ Temp Emergency _____
Full Time Non Exempt _____ Part Time Permanent _____ Seasonal _____

BENEFITS: Retirement ___ Health Insurance ___ Vacation ___ Sick ___ Comp ___ **No Benefits** _____

Effective Date of Action: _____

Fund(Account #) Allocation:

NOTES: _____

Department Head/Supervisor Date

Council Administrator Date

HR Director Date