GRAND COUNTY
PERSONNEL ACTION FORM

Employee Name:		Employee Number:	
Department:		Position:	
Supervisor:		Date form Completed:	

ACTION:								
Original Hire:	Effective date:		Grade:		Step:		Wage/Salary	
Rehire Date:	Effective date:		Grade:		Step:		Wage/Salary	
Promotion:	Effective date:		Grade:		Step:		Wage/Salary	
Transfer:	Effective date:		Grade:		Step:		Wage/Salary	
Demotion:	Effective date:		Grade:		Step:		Wage/Salary	
Pay adjustment:	Effective date:		Grade:		Step:		Wage/Salary	
Disciplinary:	Effective date:		(Documentation and signed forms attached)					
Termination/Resignation:	Effective date:		(Documentation and signed forms attached)					
Other:								

STATUS:

☐ Full-Time, Exempt ☐ Full- Time, Non-Exempt ☐ Part-Time, Non-Exempt

☐ Part-Time, Temporary ☐ Temporary, Emergency ☐ Seasonal ☐ Grant

BENEFITS:

☐ Retirement ☐ Health Insurance ☐ Vacation ☐ Sick ☐ Compensatory time ☐ **No Benefits**

Eligibility Date of Action: _____

Fund (Account #) Allocation: _____

NOTES:

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_____ _____

Employee Date Supervisor /Department Head/Elected Official, Date

_____ _____

Human Resources Director Date Council Administrator (if applicable) Date

Revised 8/2011