



**PERSONNEL ACTION FORM
HOUSTON COUNTY PERSONNEL DEPARTMENT**

Date: _____ Department No.: _____
 Employee Name: _____ Effective Date: _____
 Last four digits of SSN: _____

- Type of Action:**
- | | |
|--|--|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Promotion* | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Demotion* | <input type="checkbox"/> Leave Accrual Changes |
| <input type="checkbox"/> Transfer* | <input type="checkbox"/> Address Change |
| <input type="checkbox"/> Voluntary Resignation | <input type="checkbox"/> Other _____ |

Complete all that apply to proposed change:

	Current	Proposed
Dept.		
Position Title*		
Position Control #		
Grade		
Step		
Salary		
Leave		
Address		
Anniv. Date*		

Reason for resignation or termination: _____

Eligible for rehire? Yes No

Who is this employee replacing? _____

Will the current position be eliminated? Yes No

Appointing Authority

Date

Personnel Director

Date