

# YUMA COUNTY PERSONNEL ACTION FORM

RETRO

Revised 9/1/2018

Pay Period Ending Date \_\_\_\_\_

Effective Date: \_\_\_\_\_ Dept. Location Name: \_\_\_\_\_  
Employee No.: \_\_\_\_\_ Emp. Name: \_\_\_\_\_

## SECTION A APPOINTMENT/CHANGES

Position #: \_\_\_\_\_ Title: \_\_\_\_\_  Under fill: \_\_\_\_\_

Reason:  New Hire  Rehire  Reinstatement (2yrs)  Other: \_\_\_\_\_

Title Change  Re-Classification  Promotion  Demotion  Dept. Transfer  Lateral Transfer  Work Status Change  
 Anniversary Increase  Vol. Grade Decrease  Dissolution of Position  Reallocation  Detail to Spec. Duty  Detail Ended  
 Fund Change  Other: \_\_\_\_\_ (BOS) Agenda Item #: \_\_\_\_\_ Date: \_\_\_\_\_

NEW  or Change FROM

Dept. # & Name: \_\_\_\_\_ Pos. # & Name: \_\_\_\_\_

Work Status:  Regular  Temporary  Full Time  Part-Time  Other: \_\_\_\_\_

Exempt  Non-Exempt (Grade: \_\_\_\_\_ Step: \_\_\_\_\_) Hourly Rate: \_\_\_\_\_ Salary: \_\_\_\_\_ Hrs Schedule: \_\_\_\_\_ (Per Week)

Fund(s) Grants = Projects/Task/Awards (P T A & Project Org Name)

_____	_____ %	_____ End Date
_____	_____ %	_____ End Date
_____	_____ %	_____ End Date
_____	_____ %	_____ End Date

TO

Dept. # & Name: \_\_\_\_\_ Pos. # & Name: \_\_\_\_\_

Work Status:  Regular  Temporary  Full Time  Part-Time  Other: \_\_\_\_\_

Exempt  Non-Exempt (Grade: \_\_\_\_\_ Step: \_\_\_\_\_) Hourly Rate: \_\_\_\_\_ Salary: \_\_\_\_\_ Hrs Schedule: \_\_\_\_\_ (Per Week)

Fund(s) Grants = Projects/Task/Awards (P T A & Project Org Name)

_____	_____ %	_____ End Date
_____	_____ %	_____ End Date
_____	_____ %	_____ End Date
_____	_____ %	_____ End Date

## SECTION B SEPARATION

DATE TO INACTIVATE E-MAIL ACCOUNT: \_\_\_\_\_

Reason:  Resignation  Temporary assignment ended  Retired  Term by Dept. - PAY WITHIN SEVEN (7) WORKING DAYS

Deceased  Other: \_\_\_\_\_ Pos. #: \_\_\_\_\_

Pay PTO?  Yes  No Left in Good Standing  Yes  No Term Letter attached?  Yes  No DOH: \_\_\_\_\_

Exit Interview scheduled?  Yes  No

## SECTION C COMMENTS

Incumbent: \_\_\_\_\_ DOT: \_\_\_\_\_

## SECTION D SIGNATURES

County Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Director: \_\_\_\_\_ Date: \_\_\_\_\_

H.R. Director: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Services: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Head: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PERSONNEL USE ONLY:

COBRA Mailed: Date: \_\_\_\_\_ Int. \_\_\_\_\_

Rehire 2 Year Policy  Reinstatement Accrual Hours: \_\_\_\_\_  Entered Date: \_\_\_\_\_ Int. \_\_\_\_\_

Retirement Change  \_\_\_\_\_

(Finance Only) Time Card Group: \_\_\_\_\_  Entered Date: \_\_\_\_\_ Int. \_\_\_\_\_