CHEROKEE COUNTY BOARD OF COMMISSIONERS
PERSONNEL ACTION FORM

I. INDENTIFICATION INFORMATION:

Employee Name:_____ Employee #_____
Last First MI

II. TYPE OF ACTION (mark appropriate action)

Appointment	Separation	Pay Change	Other Change
☐ Regular	☐ Resignation	☐ Promotion (attach documentation)	☐ Position Location(SO/911)
☐ Temporary	☐ Dismissal	☐ Demotion (attach documentation)	☐ Transfer/Reassignment
☐ Full-Time	☐ Retirement	☐ Review (3/6 month)	☐ Status Change
☐ Part-Time	☐ Disability	☐ Annual	☐ Address Change
☐ Rehire Retiree*	☐ Deceased	☐ Other (explain)*_____	☐ Other (explain)*_____

(County Mgr. approval req.)

*

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
***Job Title/Grade**	_____	_____
***Department**	_____	_____
***Direct Supervisor**	_____	_____
***Hourly/Annual Rate**	_____	_____

Munis Requisition#** (if applicable) _____ ***Position # _____

Is this a Driving Position? YES ☐ NO ☐

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 ☐ *or* YES ☐ not in the same capacity ***Pay Out Sick Time***? Approve ☐ Deny ☐

Reason for Separation (attach documentation):_____

VI. SIGNATURES

_____ _____
Employee Date Human Resources Date

_____ _____
Agency Director/Department Head Date County Manager Date

Below for Payroll/Human Resources Use Only:

HR Munis _____ Date_____Payroll_____ Date_____Revised 8/2017

HR: For Terms: E-mail Property Maintenance_____ I.T_____ Munis Administrator_____