## COUNTY OF GLENN PERSONNEL ACTION FORM (PAF)

Last	First	MI	Employee Number
Effective Date of Action	Agency/Department-Div.	Payroll Budget N	■   ■   ■   ■   ■   ■   ■   ■   ■   ■
Anniversary Month			
New or Present Classification Title  Assignment PCN:		Previous Classification Title  Assignment PCN:	
Pay Range	Step	Pay Range	Step
Rate	<b>▼</b> Exempt	Rate	▼ Exempt
Click on the spaces below and	choose one that applies.	Click on the spaces below	w and choose one that applies.
Employment Type	Employment Status	Employment Type	Employment Status
•	▼	•	▼
End Date (Limited Term and PSE	Only)		
Hours Scheduled Per Week		Hours Scheduled Per Week	
☐ Salary Increase	☐ Salary Decrease	☐ Separation	Leave
Click on the space below and choose one that applies, or check "other" and explain.	Click on the space below and choose one that applies, or check "other" and explain.	Click on the space below and choose one that applies, or check "other" and explain.	Click on the space below and choose one that applies, or check "other" and explain.
<u>_</u>	-	▼	-
Other:	Other:	Other:	Other:
Outer.	- Culci.	Last Day Worked:	LWOP Date:
Advanced Degree, Credential, Lice Differential or Appraiser Certificate	Holiday Pay  Uniform Allowance	Training D  0  = \$0.00  P.O.S.T. 0  0  0  Classified	Certificate = \$0.00
(Explain in Comments)	• • • • • • • • • • • • • • • • • • • •	-	Other in Comments)
Comments			
	APPR	OVAL	
Department Head	Date	Personnel Departmer	nt Date
Original - Personnel Copy 1 - Audi	tor Copy 2 - Employee Copy 3	- Department Copy 4 - Medical	File GCPER 37 Rev. 6/30/2020