

# COUNTY OF GLENN PERSONNEL ACTION FORM (PAF)

Name \_\_\_\_\_  
Last
First
MI
Employee Number

▼

Effective Date of Action \_\_\_\_\_ Agency/Department-Div. \_\_\_\_\_ Payroll Budget Number \_\_\_\_\_ Bargaining Unit \_\_\_\_\_  
Anniversary Month
 Change in Anniversary Month
 Comments: \_\_\_\_\_  
No Change in Pay

New or Present Classification Title

Assignment PCN: \_\_\_\_\_

Pay Range \_\_\_\_\_ Step \_\_\_\_\_

Rate \_\_\_\_\_  Exempt

Click on the spaces below and choose one that applies.

Employment Type \_\_\_\_\_ Employment Status \_\_\_\_\_

End Date **(Limited Term and PSE Only)** \_\_\_\_\_

Hours Scheduled Per Week \_\_\_\_\_

Previous Classification Title

Assignment PCN: \_\_\_\_\_

Pay Range \_\_\_\_\_ Step \_\_\_\_\_

Rate \_\_\_\_\_  Exempt

Click on the spaces below and choose one that applies.

Employment Type \_\_\_\_\_ Employment Status \_\_\_\_\_

Hours Scheduled Per Week \_\_\_\_\_

<input type="checkbox"/> <b>Salary Increase</b>  Click on the space below and choose one that applies, or check "other" and explain.  <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Salary Decrease</b>  Click on the space below and choose one that applies, or check "other" and explain.  <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Separation</b>  Click on the space below and choose one that applies, or check "other" and explain.  <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Other: _____ Last Day Worked: _____	<input type="checkbox"/> <b>Leave</b>  Click on the space below and choose one that applies, or check "other" and explain.  <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <input type="checkbox"/> Other: _____ <input type="checkbox"/> LWOP Date: _____
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Check All That Apply

<input type="checkbox"/> Y-Rate _____	<input type="checkbox"/> Bilingual Pay - \$0.75	<input type="checkbox"/> Training Differential <span style="margin-left: 20px;">0 0 ▼ = \$0.00</span>
<input type="checkbox"/> Stipend _____	<input type="checkbox"/> Confidential Pay <span style="margin-left: 20px;">0 0 ▼ = \$0.00</span>	<input type="checkbox"/> P.O.S.T. Certificate <span style="margin-left: 20px;">_____ ▼</span>
<input type="checkbox"/> Longevity <span style="margin-left: 20px;">0 0 ▼ = \$0.00</span>	<input type="checkbox"/> Holiday Pay <span style="margin-left: 20px;">0 0 ▼ = \$0.00</span>	<input type="checkbox"/> Classified Pay _____ = _____
<input type="checkbox"/> Advanced Degree, Credential, Licensure Differential or Appraiser Certificate (Explain in Comments)	<input type="checkbox"/> Uniform Allowance _____	Other % _____ or _____
Evaluation to follow on: _____	<input type="checkbox"/> Shift Differential - \$1.50	(Explain Other in Comments)
	Date sent to CAO: _____	

Comments \_\_\_\_\_

APPROVAL

_____ Department Head	_____ Date	_____ Personnel Department	_____ Date
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