

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"/> Salary Increase 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"/> Salary Decrease 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"/> Separation 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"/> Leave 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 0 0 ▼ = \$0.00
<input type="checkbox"/> Stipend _____	<input type="checkbox"/> Confidential Pay 0 0 ▼ = \$0.00	<input type="checkbox"/> P.O.S.T. Certificate _____ ▼
<input type="checkbox"/> Longevity 0 0 ▼ = \$0.00	<input type="checkbox"/> Holiday Pay 0 0 ▼ = \$0.00	<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 _____ (Explain Other in Comments)
	<input type="checkbox"/> Shift Differential - \$1.50	

Comments _____

APPROVAL

_____	_____	_____	_____
Department Head	Date	Personnel Department	Date