



Personnel Action Notice

County of Tuolumne

Proposed Personnel Action

Name _____ Employee ID: _____ Range / Step _____

Department _____ Cost Center _____ Classification _____

Effective Date: Underfill? Yes No Position Title/Number: _____

(The effective date for all actions, except New Hires, Separation Actions, and LOA's must be the first day of a pay period.)

Type of Action:

- New Hire: Permanent Relief Dual Fill Grant Funded Rehire Retired Annuitant
- Promotion Permanent Relief FMLA/CFRA PDL
- Demotion Voluntary Involuntary Special Leave of Absence
- Transfer Cost Center Classification Paid Unpaid Admin Compulsory
- Provisional Appointment - BOS Action Only Return from Leave
- Change in FTE Retirement - Service Disability IDR
- Reclassification - BOS Action Only Resignation
- Job Title Change Dismissal - Eligible for Rehire? Yes No
- Step Increase Two Step (Attach Evaluation) Layoff
- Pay Differential Add Delete Relief Employee - No longer being utilized
- (Specify differential & amount in "Notes") Suspension (attach disciplinary action)

Notes: _____

Current Classification / Department _____ Current Range / Step _____

Employee Resignation: I hereby tender my resignation and certify that it is executed by me freely and voluntarily and not by any reason of duress or coercion.

Signature _____ Date _____ Reason for Separation _____

I hereby certify that the statements made on this form are true and correct to the best of my knowledge and belief. If employee is separating, pursuant to the provisions of Section 24102 of the Government Code I hereby revoke the deputation of the foregoing employee this date.

Department Head Signature _____ Date _____ Human Resources Director _____ Date _____

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