

# 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  No Change in Pay  
 Comments: \_\_\_\_\_

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: 15px; text-align: right;">▼</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: 15px; text-align: right;">▼</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: 15px; text-align: right;">▼</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: 15px; text-align: right;">▼</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"/> Stipend _____ <input type="checkbox"/> Longevity <span style="margin-left: 20px;">0 0 ▼</span> = \$0.00 <input type="checkbox"/> Advanced Degree, Credential, Licensure Differential or Appraiser Certificate (Explain in Comments) Evaluation to follow on: _____	<input type="checkbox"/> Bilingual Pay - \$0.75 <input type="checkbox"/> Confidential Pay <span style="margin-left: 20px;">0 0 ▼</span> = \$0.00 <input type="checkbox"/> Holiday Pay <span style="margin-left: 20px;">0 0 ▼</span> = \$0.00 <input type="checkbox"/> Uniform Allowance _____ <input type="checkbox"/> Shift Differential - \$1.50 Date sent to CAO: _____	<input type="checkbox"/> Training Differential <span style="margin-left: 20px;">0 0 ▼</span> = \$0.00 <input type="checkbox"/> P.O.S.T. Certificate <span style="margin-left: 20px;">_____ ▼</span> <input type="checkbox"/> _____ <span style="margin-left: 20px;">0 0 ▼</span> = \$0.00 Classified Pay = _____ Other % _____ or _____ (Explain Other in Comments)
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Comments \_\_\_\_\_

APPROVAL

_____ Department Head	_____ Date	_____ Personnel Department	_____ Date
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For Personnel Department Use

Reviewed _____	Entered _____
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