

COUNTY OF IMPERIAL - PERSONNEL STATUS FORM

(Complete this section for every action)

EMPLOYEE NO. _____

(Use Typewriter)

EMPLOYEE NAME: _____ EFFECTIVE DATE OF ACTION: _____
 (last - first - initial)

ADDRESS: _____ SOC. SEC. NO.: _____
 (street - city - zip code)

DEPARTMENT: _____ POSITION TITLE: _____ CLASS CODE: _____ BUDGET NUMBER: _____

BARGAINING UNIT: _____ RANGE: _____ STEP: _____ APPROX. SALARY PER MO.: _____ HOURLY RATE: _____

STATUS: (Check one)	REGULAR FULL TIME <input type="checkbox"/>	ACTION: (Check as Applicable)	APPOINTMENT <input type="checkbox"/>	If new appointee, previously employed by Imperial County? NO <input type="checkbox"/> YES <input type="checkbox"/>
	REGULAR PART-TIME <input type="checkbox"/>		DISCHARGE <input type="checkbox"/>	Note reason for termination in 'Remarks' Below, or attach copy of resignation statement. Complete the following:
	EXTRA HELP <input type="checkbox"/>		RESIGNATION <input type="checkbox"/>	
	SEASONAL <input type="checkbox"/>		RETIREMENT <input type="checkbox"/>	
	SUBSTITUTE <input type="checkbox"/>		OTHER <input type="checkbox"/>	
	LIMITED TERM <input type="checkbox"/>		DISABILITY RETIREMENT <input type="checkbox"/>	

TEMPORARY _____ LAST DAY WORKED: _____
 Month Day Year

(Complete this section for the following actions:)

PROMOTION TEMPORARY PROMOTION DEMOTION TRANSFER REORGANIZATION / RECLASSIFICATION MERIT INCREASE SPECIFY BELOW OTHER

FROM: POSITION TITLE: _____ CLASS CODE: _____
 DEPARTMENT: _____ BUDGET NUMBER: _____
 BARGAINING UNIT: _____ RANGE: _____ STEP: _____ APPROX. SALARY PER. MO.: _____

TO: POSITION TITLE: _____ CLASS CODE: _____
 DEPARTMENT: _____ BUDGET NUMBER: _____
 BARGAINING UNIT: _____ RANGE: _____ STEP: _____ APPROX. SALARY PER MO.: _____

REMARKS: _____

SIGNATURE OF DEPARTMENT HEAD: _____ DATE APPROVED: _____

(HUMAN RESOURCES DEPT. USE ONLY)

Probationary Period	Medical Assessment	Loyalty Oath	Medical Assessment	W-4 Form	Vacation Anniv.	Salary Anniv.	Retirement Withdrawal	Group Insurance

CERTIFICATION is hereby made to Auditor-Controller, Treasurer and County Clerk that the necessary documents for employment or other personnel transaction required by law or ordinance have been completed and are attached or have been properly filed.

 VERIFIED Director of Human Resources DATE