

REQUEST FOR PERSONNEL ACTION DALLAS COUNTY, TEXAS

FULL NAME		ASSIGNMENT #	
SOC SEC #		DATE OF BIRTH	
SEX	<input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS	<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D

DEPARTMENT NAME:	DEPARTMENT NAME:
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CURRENT	EFFECTIVE DATE		PROPOSED
DEPARTMENT NO		DEPARTMENT NO	
JOB CODE		JOB CODE	
JOB TITLE		JOB TITLE	
POSITION NO.		POSITION NO.	
SALARY MONTHLY		SALARY MONTHLY	
SALARY HOURLY		SALARY HOURLY	

BI-WEEKLY	LONGEVITY		BI-WEEKLY	LONGEVITY	
BI-WEEKLY	SITE DIFF		BI-WEEKLY	SITE DIFF	
BI-WEEKLY	SDP		BI-WEEKLY	SDP	
BI-WEEKLY	OTHER		BI-WEEKLY	OTHER	

STATUS

<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> REG	<input type="checkbox"/> TEMP	<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> RE-HIRE
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ACTION

ADJUSTMENT (To start/stop Site DP and SDP)	<input type="checkbox"/>	LEAVE OF ABSENCE (LOA)	<input type="checkbox"/>
COST OF LIVING INCREASE	<input type="checkbox"/>	MERIT INCREASE	<input type="checkbox"/>
DEMOTION	<input type="checkbox"/>	PROMOTION	<input type="checkbox"/>
FMLA – INTERMITTENT	<input type="checkbox"/>	STEP INCREASE	<input type="checkbox"/>
FMLA – STANDARD	<input type="checkbox"/>	LATERAL TRANSFER	<input type="checkbox"/>
FMLA – ACTIVE DUTY	<input type="checkbox"/>	RETURN – FMLA	<input type="checkbox"/>
FMLA – INJURED SERVICEMEMBER	<input type="checkbox"/>	RETURN – LOA	<input type="checkbox"/>
JOB RECLASSIFICATION	<input type="checkbox"/>	RETURN – MILITARY	<input type="checkbox"/>

RACE

<input type="checkbox"/>	WHITE	<input type="checkbox"/>	BLACK	<input type="checkbox"/>	HISPANIC	<input type="checkbox"/>	AMERICAN INDIAN	<input type="checkbox"/>	OTHER
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PERSONAL DATA CHANGES

<input type="checkbox"/>	ADDRESS	<input type="checkbox"/>	MARITAL STATUS	<input type="checkbox"/>	NAME		
	OLD			NEW			
NAME							
STREET							
CITY							
ZIP CODE							
TELEPHONE NUMBER – HOME							
MARITAL STATUS							

OFFICIAL OR DEPARTMENT HEAD: _____

DATE SUBMITTED: _____