

## REQUEST FOR PERSONNEL ACTION DALLAS COUNTY, TEXAS

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

DEPARTMENT NAME: NO	DEPARTMENT NAME: NO
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CURRENT	EFFECTIVE DATE	PROPOSED	
GRADE		GRADE	
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"/>
COST OF LIVING INCREASE	<input type="checkbox"/>
DEMOTION	<input type="checkbox"/>
FMLA – INTERMITTENT	<input type="checkbox"/>
FMLA – STANDARD	<input type="checkbox"/>
FMLA – ACTIVE DUTY	<input type="checkbox"/>
FMLA – INJURED SERVICEMEMBER	<input type="checkbox"/>
JOB RECLASSIFICATION	<input type="checkbox"/>

LEAVE OF ABSENCE (LOA)	<input type="checkbox"/>
MERIT INCREASE	<input type="checkbox"/>
PROMOTION	<input type="checkbox"/>
STEP INCREASE	<input type="checkbox"/>
LATERAL TRANSFER	<input type="checkbox"/>
RETURN – FMLA	<input type="checkbox"/>
RETURN – LOA	<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			
				<b>OLD</b>	<b>NEW</b>			
NAME								
STREET								
CITY								
ZIP CODE								
TELEPHONE NUMBER – HOME								
MARITAL STATUS								

**OFFICIAL OR DEPARTMENT HEAD:**

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**DATE SUBMITTED:**

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