

New Employee And Position Change

Name: _____ Employee No: _____

APPROVED BUDGET POSITION

CURRENT	PROPOSED
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Dept. No: _____ Eff. Date: _____
Job Title: _____
Job Code: _____
Position No: _____ Grade: _____
Salary Mo. Ex: _____
Hourly – Non Ex: _____
Misc. Salary: _____ Longevity: _____
Education: _____ Spec Duty: _____
JDO/JPO: _____ Teacher: _____
Check Appropriate Item In Each Category:

Status: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Temp ☐ Re-hire

Action: ☐ Promotion ☐ FMLA ☐ Merit Increase
☐ Demotion ☐ LOA ☐ Step Increase
☐ Transfer ☐ Military ☐ Discretionary
☐ Stipend ☐ Other – explain: _____

Race: ☐ White ☐ Black ☐ Hispanic
☐ American Indian ☐ Asian ☐ Hawaiian ☐ 2 or more races

Dept. No: _____ Eff. Date: _____
Job Title: _____
Job Code: _____
Position No: _____ Grade: _____
Salary Mo. Ex: _____
Hourly – Non Ex: _____
Misc Salary: _____ Longevity: _____
Education: _____ Spec Duty: _____
JDO/JPO: _____ Teacher: _____

Street: _____
City: _____ Zip: _____
Phone: _____

Sex: ☐ M ☐ F
DOB: _____
SSN: _____
Marital Status: ☐ Single ☐ Married

Additional Comments:

I have from employment application and/or performance reports in the files of my office and such other additional inquiries as I deem necessary, determined that this applicant or employee is qualified to perform the functions of this position. I recommend and request the Court to direct payment of the requested amount of salary and/or allowance, effective on the date shown, to the incumbent or new employee in accordance with the provisions of LGC 151.903 upon presentation of certified salary authorization to the County Auditor, in order to carry out the functions of this office as required by law.

I hereby certify that the above requested action is in accordance with the nondiscriminatory practices of equal employment opportunity regardless of race, creed, religion, color, national origin, sex, age or handicaps as set forth in the Dallas County Affirmative Action Plan and Dallas County's Personnel Policies and Procedures.

_____	_____	_____	_____
Date	Department	Phone No.	Signature of Official

This office certifies the requested employee action is in compliance with all applicable Dallas County employment policies and recommends approval.

This office has reviewed personnel records submitted in accordance with LGC 151.903, where the individual is paid in whole or in part from funds of the County. The position is approved and appropriation is available.

_____	_____	_____	_____
Date	Signature of Director of Human Resources	Date	Signature of County Auditor

APPROVED

COMMISSIONERS COURT
DALLAS COUNTY, TEXAS

DATE _____