

COUNTY OF LIVINGSTON POSITION ACTION REQUEST

Current Date _____

Type of Personnel Action: (Mark appropriate box. Explain in Remarks.)

<input type="checkbox"/> New Hire	<input type="checkbox"/> Transfer	<input type="checkbox"/> Salary Increase	<input type="checkbox"/> Other
<input type="checkbox"/> Reclassification	<input type="checkbox"/> FMLA	<input type="checkbox"/> Change Number of	
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Scheduled Work Hrs	<input type="checkbox"/> Retirement
<input type="checkbox"/> Rehire	<input type="checkbox"/> Separation from Employment	<input type="checkbox"/> Change of Address/Name/Phone	

Employee _____	Department _____
Fund-Dept & Line No. _____	Effective Date: _____

<u>Present</u>	<u>New</u>
Classification (Title): _____	_____
& Salary _____	_____
Grade Level/Step: _____	_____
Employment Status: _____	_____
Hours per week(Number) _____	_____

Department: _____

Name: _____

Address: _____

Telephone: _____

Other: _____

Comments/Considerations: _____

Employee last occupying this position: _____

Evaluation by Supervisor: (Mark appropriate rating for each factor)

Factor	Excellent	Good	Average	Improvement	Unsatisfactory
Quality of Work:					
Quantity of Work:					
Attendance:					

Would you rehire?: Yes No

<p>Evaluation Remarks:</p> 	<p>Signed: _____ Department Director</p> <p>Signed: _____ Personnel Director</p> <p><u>Instructions:</u> Complete and send original only to Human Resources. Once processed and approved, two copies will be returned: one is to be kept by the dept/2nd copy to employee</p>
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Use reverse side for more complete explanation and suggestion for further personnel development.

Additional copies of this form can be obtained from the Human Resource Department.