

EMPLOYEE ACTION FORM – CHANGE

Employee: _____ **Department:** _____

WAGE/POSITION/BUDGET CHANGE

WAGE/POSITION/BUDGET CHANGE

Current Rate: _____ New Rate: _____

Effective Date: _____

- | | | |
|---------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Step Increase | <input type="checkbox"/> Demotion: Voluntary | <input type="checkbox"/> Detail Assignment Pay (start/stop) |
| <input type="checkbox"/> Double Step (justification required) | <input type="checkbox"/> Demotion: Involuntary | <input type="checkbox"/> HCC/Budget Committee Approval |
| <input type="checkbox"/> Merit (justification required) | <input type="checkbox"/> Transfer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Market Adj. (justification required) | <input type="checkbox"/> Counter Offer/Retention Pay | |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Out-of-Class Pay (start/stop) | |

Status: Full-Time Part-Time 30-39 Part-Time 20-29 Part-Time 0-19 Temporary

Union: _____ Non-Exempt Hourly Exempt (Salary)

Grade: _____ Step: _____ ADP Mgr.: _____

Current Job Title: _____ New Job Title: _____

Probation Starts: _____ Probation Ends: _____

BUDGET CHANGE ONLY

Current	Org: _____	Obj: _____
New	Org: _____	Obj: _____

SEPARATION

SEPARATION

Effective Date: _____

<input type="checkbox"/> Resignation	<input type="checkbox"/> Termination
<input type="checkbox"/> Relocation	<input type="checkbox"/> Layoff
<input type="checkbox"/> Retirement	<input type="checkbox"/> Position Elimination
<input type="checkbox"/> Other: _____	

NOTES/COMMENTS	_____

Employee Signature	Date	Human Resources	Date
_____	_____	_____	_____
Official/Dept Head Signature	Date	Payroll	Date
_____	_____	_____	_____

~~ Submit Form to HUMAN RESOURCES (humanresources@sarpy.gov)~~