

# COUNTY OF TEHAMA

## PERSONNEL ACTION FORM

DATE 5/5/17  
EFFECTIVE DATE 6/1/17

BUDGET UNIT TITLE Health Services Agency      Jail      BUDGET CODE NUMBER 40261  
EMPLOYEE NAME Robert Cartee      EMPLOYEE NO \_\_\_\_\_  
ADDRESS \_\_\_\_\_      PHONE \_\_\_\_\_

TYPE OF ACTION

APPOINTMENT \_\_\_\_\_      LEAVE OF ABSENCE \_\_\_\_\_  
TEMP. APPOINTMENT \_\_\_\_\_      RETURN TO DUTY \_\_\_\_\_  
STEP ADVANCEMENT \_\_\_\_\_      DISCHARGE \_\_\_\_\_  
RESIGNATION \_\_\_\_\_      OTHER (EXPLAIN) Appt other than A Step

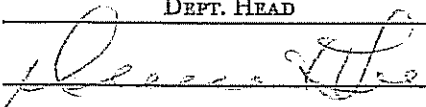
	FROM	To (NEW EMPLOYEES THIS COLUMN ONLY)
CLASSIFICATION TITLE		Institutional LVN II (P0461)
RANGE / STEP / SALARY		72 B \$4300/mo      P0474

IF TEMPORARY APPOINTMENT - TERMINATION DATE \_\_\_\_\_ OR AS NEEDED \_\_\_\_\_

COMMENTS:

Employee meets minimum requirements.  
application attached.  
Livescan complete; physical results are pending.  
Request to pay at other than A step on the Board of Supervisor's Regular Agenda for 5/16/17

(ATTACH APPLICATION FORM HERETO)

DEPT. HEAD	AUDITOR	BOARD OF SUPERVISORS	
		ALLOCATION - CLASSIFICATION - RANGE - STEP - SALARY	APPROVED DATE      DISAPPROVED DATE

							PERSONNEL
APPLICATION	MEDICAL	FINGER PRINT	LOYALTY OATH	RETIREMENT FORM	W-4	INSURANCE Yes      No	

WHITE - PERSONNEL  
YELLOW - AUDITOR  
PINK - DEPARTMENT