

File Backup

COUNTY OF TEHAMA

PERSONNEL ACTION FORM

DATE 8/18/2017

EFFECTIVE DATE 8/25/2017

AUG 25 2017

BUDGET UNIT TITLE Social Services BUDGET CODE NUMBER 5013
 EMPLOYEE NAME _____ EMPLOYEE NO 4413
 ADDRESS _____ PHONE _____

TYPE OF ACTION

APPOINTMENT _____ LEAVE OF ABSENCE _____
 TEMP. APPOINTMENT _____ RETURN TO DUTY _____
 STEP ADVANCEMENT _____ DISCHARGE _____
 RESIGNATION _____ OTHER (EXPLAIN) X Pers. Director Approved

	FROM <u>PO751</u>	To (NEW EMPLOYEES THIS COLUMN ONLY)
CLASSIFICATION TITLE	Office Assistant I	
RANGE / STEP / SALARY	40 A \$1,872	


IF TEMPORARY APPOINTMENT - TERMINATION DATE _____ OR AS NEEDED _____

COMMENTS:

The PAF requested a leave of absence for a personal medical condition, 8/25/2017 through 9/5/2017. *12*

W.A. Logan

(ATTACH APPLICATION FORM HERETO)

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

APPLICATION	MEDICAL	FINGER PRINT	LOYALTY OATH	RETIREMENT FORM	W-4	INSURANCE Yes No	PERSONNEL <i>CK</i>
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RECEIVED
 AUG 25 2017
 TO PERSONNEL

WHITE - PERSONNEL
 YELLOW - AUDITOR
 PINK - DEPARTMENT

SW