

Per/To

COUNTY OF TEHAMA

PERSONNEL ACTION FORM

DATE 8/29/2017

EFFECTIVE DATE 8/26/2017

AUG 30 2017

BUDGET UNIT TITLE Social Services BUDGET CODE NUMBER 5013
 EMPLOYEE NAME _____ EMPLOYEE NO 2402
 ADDRESS _____ PHONE _____

TYPE OF ACTION

APPOINTMENT _____ LEAVE OF ABSENCE _____
 TEMP. APPOINTMENT _____ RETURN TO DUTY _____
 STEP ADVANCEMENT _____ DISCHARGE _____
 RESIGNATION _____ OTHER (EXPLAIN) X Personal Medical LOA
~ BOS APPROVAL

	FROM	To (NEW EMPLOYEES THIS COLUMN ONLY)		
CLASSIFICATION TITLE		Social Worker III		
RANGE / STEP / SALARY		65	E	\$4,236

IF TEMPORARY APPOINTMENT - TERMINATION DATE _____ OR AS NEEDED _____

COMMENTS:

This PAF requests a additional Leave of Absence from 8/26/2017 through 10/6/2017 as approvable by the Board of Supervisors at the next available meeting.

(ATTACH APPLICATION FORM HERETO)

DEPT. HEAD	AUDITOR	BOARD OF SUPERVISORS	
<i>[Signature]</i>	ALLOCATION - CLASSIFICATION - RANGE - STEP - SALARY	APPROVED DATE	DISAPPROVED DATE

							PERSONNEL	
APPLICATION	MEDICAL	FINGER PRINT	LOYALTY OATH	RETIREMENT FORM	W-4	INSURANCE YES NO		<i>[Signature]</i>

WHITE - PERSONNEL
 YELLOW - AUDITOR
 PINK - DEPARTMENT

LOA Log

[Signature]