

Jen ✓

Sgt 6/25/18

COUNTY OF TEHAMA

PERSONNEL ACTION FORM

6/20/18

DATE _____

8/16/18

EFFECTIVE DATE _____

BUDGET UNIT TITLE Health Services Agency MH BUDGET CODE NUMBER 40131

EMPLOYEE NAME _____ EMPLOYEE NO _____

ADDRESS _____ PHONE _____

TYPE OF ACTION ^{sw}

APPOINTMENT (Other than A) LEAVE OF ABSENCE _____

TEMP. APPOINTMENT _____ RETURN TO DUTY _____

STEP ADVANCEMENT _____ DISCHARGE _____

RESIGNATION _____ OTHER (EXPLAIN) _____

CLASSIFICATION TITLE	FROM	To (NEW EMPLOYEES THIS COLUMN ONLY)
		Clinical Social Worker II Bilingual
RANGE / STEP / SALARY		84 C \$6,258/mo P0935 ✓

IF TEMPORARY APPOINTMENT - TERMINATION DATE _____ OR AS NEEDED _____

COMMENTS:

Employee meets minimum requirements.

application attached.

Livescan results and physical results are pending.

Request to pay at other than A step on the Board of Supervisor's Regular Agenda for 7/17/18 SM

made file ✓

(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	

WHITE - PERSONNEL
YELLOW - AUDITOR
PINK - DEPARTMENT

sw