

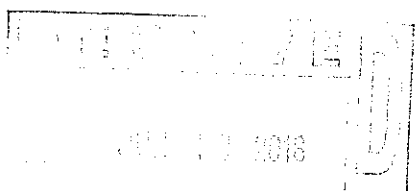
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COUNTY OF TEHAMA

PERSONNEL ACTION FORM

DATE 6/15/2018

EFFECTIVE DATE 5/15/2018 ✓



Health Services Agency ✓

BUDGET UNIT TITLE _____ BUDGET CODE NUMBER 40131 ✓

EMPLOYEE NAME _____ EMPLOYEE NO 2854 ✓

ADDRESS _____ PHONE _____

TYPE OF ACTION

APPOINTMENT _____ LEAVE OF ABSENCE BOS -LOA Request ✓

TEMP. APPOINTMENT _____ RETURN TO DUTY _____

STEP ADVANCEMENT _____ DISCHARGE _____

RESIGNATION _____ OTHER (EXPLAIN) _____

	FROM	To (NEW EMPLOYEES THIS COLUMN ONLY)
CLASSIFICATION TITLE	Office Assistant II	
RANGE / STEP / SALARY		

IF TEMPORARY APPOINTMENT - TERMINATION DATE _____ OR AS NEEDED _____

COMMENTS:

This PAF represents requested approval by the Board of Supervisors for a leave of absence for the period of 5/15/18 through 6/7/18.

LOA Log

(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

SW