

REQUEST FOR PERSONNEL ACTION

COUNTY OF SPARTANBURG

Name _____ Department _____ Date _____
 Employee Number _____ Present Position _____
 Position/Slot Number: _____ Recommended Effective Date _____

A. EMPLOYMENT <input type="checkbox"/> New Employee <input type="checkbox"/> Reinstated Employee <input type="checkbox"/> Reinstated SCRS/PORS provision-original hire date and benefits restored	Job Title _____ Position/Slot# _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Employ at Base Salary <input type="checkbox"/> Newly Created Position <input type="checkbox"/> Part Time <input type="checkbox"/> Service Credit Requested <input type="checkbox"/> Replaces Terminated Employee <input type="checkbox"/> Education Credit Requested* <input type="checkbox"/> Other (explain) Explanation and Comments _____
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B. SALARY CHANGE <input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Longevity Increase <input type="checkbox"/> Classification Change <input type="checkbox"/> Transfer <input type="checkbox"/> Other (explain)	New Job Title _____ New Position/Slot# _____ New Department _____ Years of Service _____ Explanation and Comments _____
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C. TERMINATION <input type="checkbox"/> Resignation (with notice) <input type="checkbox"/> Resignation (without notice) <input type="checkbox"/> Dismissal <input type="checkbox"/> Layoff <input type="checkbox"/> SCRS/PORS Provision <input type="checkbox"/> Other (explain)	<input type="checkbox"/> Letter attached <input type="checkbox"/> Letter not attached <input type="checkbox"/> Would Rehire <input type="checkbox"/> Would Not Rehire <input type="checkbox"/> Rehire Conditionally	<p style="text-align: center;"><i>Complete for all terminations</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Excellent</th> <th>Good</th> <th>Fair</th> <th>Poor</th> </tr> </thead> <tbody> <tr> <td>Quantity of Work</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quality of Work</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Attitude</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Attendance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Initiative</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Explanation and Comments _____		Excellent	Good	Fair	Poor	Quantity of Work					Quality of Work					Attitude					Attendance					Initiative				
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D. PERSONAL CHANGES <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Other (explain)	Name _____ Complete Address _____ Telephone # _____ Explanation and Comments _____
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E. LEAVE <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Vacation <input type="checkbox"/> Sick/Family & Medical Leave <input type="checkbox"/> Military <input type="checkbox"/> Suspension <input type="checkbox"/> Other (explain)	Dates From _____ To _____ Leave Address _____ <input type="checkbox"/> No Pay Requested <input type="checkbox"/> Request Regular Pay <input type="checkbox"/> Request Vacation Pay Explanation and Comments _____
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F. VERIFICATION BY HUMAN RESOURCES	<input type="checkbox"/> Budgeted Position <input type="checkbox"/> Longevity Increase Due <input type="checkbox"/> Education Credit Documented <input type="checkbox"/> Position Vacancy <input type="checkbox"/> Service Credit Documented <input type="checkbox"/> Approval Recommended
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G. FINAL ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Old Supervisor _____ Date _____ New Supervisor _____ Date _____ HR Director _____ Date _____	County Administrator _____ Date _____ Chairman, HR Committee _____ Date _____ Chairman, County Council _____ Date _____	_____ _____ _____
Explanation and Comments _____			

* Attach letter of justification, certificate or diploma as appropriate

Signature (Blue Ink) and Title of Originator