

CITY OF LYNN HAVEN - PERSONNEL ACTION FORM

Employee's Name		Employee ID#		Date Employed	
		Department		Action Effective	
Present Position Title	Grade	Job Class #	Position #	Biweekly Hours	Hourly Rate
Proposed Position Title	Grade	Job Class #	Position #	Biweekly Hours	Hourly Rate

RECOMMENDED ACTION

- | | | |
|---|---|---|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Address Change | <input type="checkbox"/> Reprimand |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Probationary Appointment | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Overtime | <input type="checkbox"/> End of Probation | <input type="checkbox"/> Dismissal |
| <input type="checkbox"/> Accident Leave | <input type="checkbox"/> Promotion | <input type="checkbox"/> Resignation |
| <input type="checkbox"/> Funeral Leave | <input type="checkbox"/> Salary Increase | <input type="checkbox"/> Other (Describe) |

Reason for Action:

DATE	Employee Signature	DATE	Approved, Personnel
DATE	Recommended, Department Head	DATE	Approved, City Manager