

PERSONNEL INFORMATION FORM (COMPLETE AND ATTACH ALL NECESSARY SUPPORT INFORMATION)

EMPLOYEE PROFILE

Employee Name: _____ Social Security #: _____
 Address: _____ Telephone: _____
 City, State, Zip: _____ Birth Date: _____
 Race: _____ Gender: _____
 Marital Status: _____ **Date Effective:** _____

PERSONAL INFORMATION CHANGES

Name Change: Former Name: _____ Current Name: _____
 Address: New Street: _____ New City, State, Zip _____

EMPLOYMENT/CLASSIFICATION CHANGES (CHECK ALL APPLICABLE)

Change	Old Information	New Information
New Hire*: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Rehire*: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Transfer*: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Promotion: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Demotion: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Salary: <input type="checkbox"/>	Annual Rate (Hourly for PT): _____	Annual Rate (Hourly for PT): _____
Title: <input type="checkbox"/>	Title/Dept: _____	Title/Dept: _____
Status (FT/PT): <input type="checkbox"/>	Status: _____	Status: _____
Grade: <input type="checkbox"/>	Grade: _____	Grade: _____
Termination: (Explain Below)	Voluntary: <input type="checkbox"/> Involuntary: <input type="checkbox"/> Retirement: <input type="checkbox"/> Layoff: <input type="checkbox"/>	

Explanation:

*Previous person in position, if applicable

Account #:

APPROVAL

Authorized Department Head Date

Employee Date

Human Resources Director Date

Date Approved by County Council: _____

For Human Resources Use Only

Date Submitted to Payroll:

Form Updated 10.23.09