



PERSONNEL ACTION FORM
Montgomery County, Tennessee

Today's Date: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

RECORD OF APPOINTMENT

New Position: [ ] Yes [ ] No If No, Replacing: \_\_\_\_\_

[ ] Full-time [ ] Part-Time [ ] Temporary Full Time [ ] Temporary Part-Time

Job Title: \_\_\_\_\_ Job Code \_\_\_\_\_ Grade: \_\_\_\_\_ Placement: \_\_\_\_\_

Salary: \_\_\_\_\_ Per Hour: \_\_\_\_\_

[ ] Non-Exempt [ ] Exempt Supervisor Name: \_\_\_\_\_

Effective Date of \_\_\_\_\_ Remarks: \_\_\_\_\_

CHANGE OF STATUS

Current Title: \_\_\_\_\_ Grade/Placement Salary: \_\_\_\_\_

Effective Date: \_\_\_\_\_ [ ] Promotion [ ] Reclassification

New Title: \_\_\_\_\_ Grade/Placement Salary: \_\_\_\_\_

New Supervisor Name: \_\_\_\_\_

Comments: \_\_\_\_\_

TERMINATION

[ ] Transfer [ ] Resignation [ ] Dismissal [ ] Retirement [ ] Death

Effective Date: \_\_\_\_\_ Recommend Rehire: [ ] Yes [ ] No

Comments: \_\_\_\_\_

Elected Official/ Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Accounts & Budgets: \_\_\_\_\_ Date: \_\_\_\_\_

County Mayor: \_\_\_\_\_ Date: \_\_\_\_\_