#31b

PERSONNEL ACTION FORM
COUNTY OF BURNET, TEXAS

To: Burnet County Human Resource Department

Employee # ALL

From (Elected Official/Department Head): BURNET COUNTY COMMISSIONERS

Date: 09/24/2019

EMPLOYEE NAME: ALL EMPLOYEES

POS: ALL

Check Appropriate:

New Hire	Separation (circle one)	Re-Hire	Probationary Period Ending
Promotion	-Resignation	Demotion*	Transfer
Longevity Increase	-Retirement	Suspension w/Pay*	Suspension w/o Pay*
New Position	-Reduction in Force	Reclassification of Position	✓ Other FY20 Payroll
Merit Raise_____%	-Discharge*		

*Remarks section should include circumstances surrounding action.

FROM	TO	
Group:	Group:	Hire Date:
Title:	Title:	Date in Position:
Hourly Rate:	Hourly Rate:	Effective Date: 09/28/2019
Fund:	Fund:	
Dept:	Dept:	

Remarks: Make 2% COLA authorized by the adopted FY20 budged effective 09/28/2019.

Signature (Department Head):

THE ABOVE PERSONNEL ACTION REQUEST:

(✓) falls within Burnet County's Compensation Program guidelines. Compensation plan updated to reflect adopted rates.

( ) does NOT fall within Burnet County's Compensation Program guidelines and is being referred to the Human Resource Committee for review on Date: _____

This request does not fall within the guidelines because: _____

Burnet County Human Resource Dept.

09/24/2019
Date

THE ABOVE PERSONNEL ACTION REQUEST:

( ) falls within Burnet County's Adopted Budget. FY _____

Burnet County Auditor's Office

Date

COMMENTS:

PROCESSING:

Received in HR's office for processing: _____(date)

Original: Employee File Copies: 1. Employee 2. Payroll 3. County Auditor

Revised: 06/19