PLUMAS COUNTY PERSONNEL ACTION FORM

Department	Account Number	Department Number	Effective Date
			_____/_____/_____

Name	Social Security Number	Employee Number

Current Classification Title	New Classification Title

Current:
- ___ Full time   ___ Probationary
- ___ Part Time   ___ Regular
- FTE: _____ %
- ___ Extra Help   ___ Hrs/Week
- ___ Retired Annuitant   ___ Hrs/Day
- ___ Temporary   ___ On Call

New:
- ___ Full Time   ___ Probationary
- ___ Part Time   ___ Regular
- FTE: _____ %
- ___ Extra Help   ___ Hrs/Week
- ___ Retired Annuitant   ___ Hrs/Day
- ___ Temporary   ___ On Call

Salary (Current)
- Range _____
- Step_____
- Rate _____

Salary (New)
- Range _____
- Step _____
- Rate _____

___ SALARY INCREASE	___ SALARY DECREASE	___ NO SALARY CHANGE	___ SEPARATION	___ LEAVE
___ Merit Increase ___ Reclassification ___ Promotion ___ Out of Class Assignment ___ Longevity ___ Education Pay ___ Cost of Living Adjustment ___ Extra Duty Stipend ___ Other _____ _____	___ Demotion (Voluntary) ___ Demotion (Disciplinary) ___ Out of Class Ended ___ Extra Duty Stipend ___ Other _____ _____	___Transfer ___Y-Rates ___Probation Evaluation Only ___ Other _____ _____	___ Resignation ___ Reject During Probation ___ Discharge ___ Layoff ___ Retirement ___ Death ___ Other _____ _____	___ Disability w/o pay ___ Disability w/pay ___ 4850 ___ Military Leave ___ California Family Rights Act ___ Family Medical Leave Act ___ Paid Family Leave ___ Maternity ___ Paid Administrative Leave ___ Unpaid Administrative Leave ___ General Leave ___ Other _____

Explanation or reason for transaction(s)

I understand and accept the conditions, duties and responsibility in my change of employment status as set forth above.

_____   _____
Employee Signature   Date

I hereby execute the action indicated above and certify that the statements in this form are true and correct to the best of my knowledge and belief.

_____   _____
Appointing Authority's Signature   Date

HUMAN RESOURCES USE ONLY

UNIT	SDI	EEO CATEGORY:	PAYOFFS:	
___ GEU	___ YES	_____	___ VACATION TIME	_____
___ MSU	___ NO		___ SICK TIME	_____
___ CEU		**EEO GROUP:**		
___ PW	**FLSA**	_____	___ COMP TIME	_____
___ PW MGT	___ YES		___ DEFERRED HOLIDAY	_____
___ PROB	___ NO	**WORKERS COMP CODE:**		
___ PROB MGT		_____	___ OTHER	_____
___ SEA	**CalPERS**			
___ SEA MGT	___ MISC			
___ DH	___ SAFETY			
___ Elected	___ N/A			
___ OTHER				

_____   _____
HUMAN RESOURCES   **DATE**

Please return original to Human Resources
Revised 08/05/2025