

## Personnel Adjustment Request

Complete a separate form for each personnel request. Fill in all applicable shaded areas.

Requested Effective Date:				Court Sponsor: (Required for Court Agenda Item)				
Manager Name:			EID#			Employee Name or VACANT:		
Fund No:	Department Name:				Today's Date:			
Cost Center No:			Division Name:			Department Head:		
Reasons for Change; Check all that apply:	Appointment		Change of Title		Decrease in Salary - Same Grade		No Change in \$ - Different Grade	
	Promotion		Career Ladder		Decrease in Salary - Different Grade		Addition of a Position	
	Transfer		Account# Change		Increase Salary - Same Grade		Deletion of a Position	
	Reassignment		Annual Budget Request		Increase Salary - Different Grade		Other:	
	Safety Position		Grant-funded position and is; therefore, subject to the availability of said grant funding. Should that grant funding become unavailable at any point during a budget cycle for any reason (e.g., loss of grant, decrease in funding, elimination of grant program, etc.), the position is subject to elimination regardless of department or County policy.					
FUTURE ONE TIME SUPPLEMENT to be paid out AFTER the completion of a specific project (all applicable taxes will be withheld from Supplement)				Date:		Amt: \$		
Psn #	Current Title	Grade	Current Biweekly/Hourly Amount	Psn #	Requested Title	Grade	Requested Biweekly/Hourly Amount	Total Salary Change Requested
Enter Current Annual Amount (for Budget Office) \$:				Enter Requested Annual Amount (for Budget Office) \$:				
Current Fund, Cost Center, & Object Code Numbers		Current Percentages (Indicate if Charged to Multiple Acct #'s)		Requested Fund, Cost Center, & Object Code Numbers		Requested Percentages (Indicate if Charged to Multiple Acct #'s)		Employee Type (Indicate in the Appropriate Field: FTBE, PTNH, etc.)
								Full Time 30+
								Half Time 20-29
								Part Time 1-19
Indicate the Calendar Code:	20HOURLY	20NORMAL	40HOURLY	40NORMAL	86HOURLY	86NORMAL		
Indicate the Emergency Preparedness Tier Level:	1	2	3	4				
TimeClock Plus Role:								
Requested Allowances and Contributions (such as Cell Phone, Auto, Certification Pay, Longevity):						Exempt? (yes/no)		
						Subject to HR Approval:		
Detailed Reason for Request (Increased Job Duties, Demotion for Performance, Merit Increase, etc. Feel free to attach other supporting documents.):						Moving from non-exempt to exempt? (yes/no)		
						If so, will receive payout of comp time.		
<i>If requesting a new position or change in grade or title, please attach a job description.</i>								
Department Head Signature:						Date:		
Department Head Name Print:								
** OR for Grant Funded positions, list current Salary Contact Sr. Budget Analyst for details								
Incomplete forms or forms without supporting job descriptions will be returned to Department Heads								
DO NOT share requests with impacted individuals until after the approval process								