

# COUNTY OF SAN BENITO PERSONNEL ACTION FORM

INSTRUCTION: This form must be filled out for each and every personnel transaction except for paid leave taken and payroll deductions. It will be used to initiate personnel transactions and as authority for entering the same of personnel and payroll records. Please type or print legibly in dark ink. 5/5/22

NAME <b>KAREN OVERSTREET</b>	EMPLOYEE ID#	EFFECTIVE DATE OF ACTION <b>5-7-2022</b>
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**TYPE OF ACTION**

CHECK APPROPRIATE BOX(ES) BELOW AND FILL IN APPROPRIATE NUMBERS AS INDICATED BY EACH ACTION

<input checked="" type="checkbox"/> APPOINTMENT (2, 4, 6, 8, 11, 12, 13, 14, 15, 16) Attach original W-4 Attach original I-9 & copies of acceptable documents	<input type="checkbox"/> PROMOTION, DEMOTION OR TRANSFER (1, 2, 3, 4, 6, 8, 9, 11, 12, 13, 14, 15, 16)
<input type="checkbox"/> SEPARATION (1, 3, 5, 7, 10, 14, 15, 16)	<input type="checkbox"/> SALARY CHANGE (1, 2, 3, 4, 5, 6, 8, 9, 12, 14, 15, 16)
<input type="checkbox"/> OTHER (specify)	<input type="checkbox"/> STATUS CHANGE (1, 3, 5, 8, 9, 11, 14, 15, 16)
	<input type="checkbox"/> CHANGE OF NAME, ADDRESS, AND/OR TELEPHONE NO. (2, 4, 14, 15, 16)
	<input type="checkbox"/> LEAVE OF ABSENCE (2, 4, 6, 8, 12, 14, 15)

#	FROM	#	TO
1	DEPARTMENT & BUDGET UNIT NUMBER	2	DEPARTMENT & BUDGET UNIT NUMBER <b>AG COMMISSIONER/SEALER 1250</b>
3	CLASSIFICATION TITLE	4	CLASSIFICATION TITLE <b>AG COMMISSIONER/SEALER/WHM</b>
5	SALARY Biweekly      Hourly      Range      Step	6	SALARY Biweekly      Hourly      Range      Step <b>77.677</b>
7	<input type="checkbox"/> RETIREMENT <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGNATION <input type="checkbox"/> LAY-OFF <input type="checkbox"/> DECEASED <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> END OF PART-TIME OR TEMPORARY WORK	8	STATUS OF EMPLOYEE <input type="checkbox"/> PROBATIONARY until (insert date) _____ <input type="checkbox"/> REGULAR <input type="checkbox"/> PART-TIME _____ % <input checked="" type="checkbox"/> TEMPORARY <input type="checkbox"/> LEAVE WITHOUT PAY FOR _____ MONTHS/DAYS <input type="checkbox"/> SUSPENSION FOR _____ DAYS
10	DURATION OF EMPLOYMENT FROM _____ TO _____	9	DATE OF LAST STEP CHANGE
11	CHANGE IN ANNIVERSARY DATE FROM _____ TO _____	12	DIFFERENTIAL PAY Biweekly Base _____ Insurance Stipend _____ 5% Holiday _____ 5% S/T O/T _____ 2.5% Certificate _____ Bilingual _____ Longevity _____ Miscellaneous + _____ TOTAL _____
13	BARGAINING UNIT <input type="checkbox"/> C = Confidential <input type="checkbox"/> CM = Confidential Management <input type="checkbox"/> G = General <input type="checkbox"/> DH = Department Head <input type="checkbox"/> L = Law Enforcement <input type="checkbox"/> MEG = Management Unit <input type="checkbox"/> NA = Unrepresented <input type="checkbox"/> LEM = Law Enforcement Management Unit <input type="checkbox"/> IA = Institutions Association		

REMARKS

• TEMP ASSIGNMENT, EMPLOYMENT MAY TERMINATE AT ANYTIME.  
• 960 HOURS MAXIMUM ANNUALLY.

EVALUATION ATTACHED (If leave of absence, indicate type)

14	ADDRESS - STREET ( <input type="checkbox"/> check here if new )	HOME PHONE	CELL PHONE
	CITY, STATE, ZIP	EMERGENCY CONTACT NAME & PHONE	

15	SIGNATURE OF EMPLOYEE	DATE
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PERSONAL EMAIL ADDRESS **CAO**

16	SIGNATURE OF DEPARTMENT HEAD	DATE	SIGNATURE OF ADMINISTRATIVE OFFICER	DATE
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