|  |  |
| --- | --- |
| **LOCAL HEALTH DEPARTMENT REQUESTING ACTION:** | Click here to select **LHD** |
| **EMPLOYEE NAME:** | Click here to enter **Name of Employee** |
| **REQUESTED EFFECTIVE DATE OF ACTION:** | Click here to select a **Date** |
| **TYPE OF ACTION:** | Click Here to Choose **Type of Action** |
| **IF TYPE OF ACTION WAS “OTHER” PLEASE EXPLAIN:** | Click here to enter **Description IF Action is “Other”** |

NOTE: Employee’s application may be needed for qualifying. LHP may request additional information with some request.

**Please provide justification for this Personnel Action Request:** Click here to enter **Justification**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | | **TO:** | |
| **Classification Title:** | Choose Current **Classification Title** | **Classification Title:** | Choose New Classification Title |
| **Grade:** | Choose Current Grade | **Grade:** | Choose New Grade |
| **Title Code:** | Choose Current Title Code | **Title Code:** | Choose New Title Code |
| **Position #:** | Click here to enter **Position** **Number** | **Position #:** | Click here to enter **Position** **Number** |
| **Employee ID:** | Click here to enter **Employee** **ID** | **Employee ID:** | Click here to enter **Employee** **ID** |
| **Hourly Rate of Pay:** | $ Click here to enter **Current Hourly Rate of Pay** | **Hourly Rate of Pay:** | $ Click here to enter **New Hourly Rate of Pay** |

**Other Salary Information:**

|  |  |
| --- | --- |
| **Is this an increase or decrease in salary?** | Click Here To select Increase/Decrease |
| **Percentage of increase/decrease?** | Click here to enter **Percentage** **%** |

**Submission and Approvals**

**Position Action Request Initiated by:**Printed Name: Click here to enter Name Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_  
Printed Title: Click here to enter Title  
  
**Director/Appointing Authority Approval:**Printed Name: Click here to enter Name Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**LHD HR Liaison:**

Initials: \_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

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