

Austin County PERSONNEL ACTION FORM

Revision effective 9-2016; 12-2016; 9-2019,9-2021,08-22

The Personnel Action Form (also referred to as PAF) is to be completed when there is a change in personnel. The Elected Official or Designee is responsible for sending the **PAF via email to Human Resources and Human Resources will distribute to the Auditor and Treasurer's Office.**

Please print clearly. Check (✓) each section (I, II, III)

No Change

Employee Name:	Today's Date:		
Department:	Date of Hire:		
Elected Official Name:	Position/Title		

Section I (check (✓) one that applies)

- Regular Full time – 40 hours per week.** Employee has full access to medical insurance benefits, supplemental insurance, basic term life/AD&D, retirement, vacation, sick and holidays.
- Regular Full Time – 32 hours per week.** Employee has full access to medical insurance benefits, supplemental insurance, basic term life/AD&D, retirement, vacation (prorated at 6.5), sick (prorated at 6.5) and holiday (prorated at 6.5) as defined by Commissioners Court. (30 hours per week as defined by Affordable Care Act. If an employee works 30 hours per week over a 52 hour work period they are eligible for medical insurance)
- Regular Full Time – 30 hours per week.** Employee has full access to medical insurance benefits, supplemental insurance, basic term life/AD&D, and retirement as defined by Commissioners Court. (30 hours per week as defined by Affordable Care Act. If an employee works 30 hours per week over a 52 hour work period they are eligible for medical insurance). Not eligible for vacation, sick, holiday or other released time. However, seasonal holidays may be approved and granted by Commissioners Court.
- Regular Part Time – 29.75 hours per week or less.** Employee is eligible for retirement benefits. Not eligible for vacation, sick, holiday or other released time. However, seasonal holidays may be approved and granted by Commissioners Court. Must complete an insurance WAIVER.
- Temporary.** A Temporary employee is an employee hired to work for a specified, limited time period or is hired to complete a specified project or assignment. The Elected Official will need to send Human Resources a written statement to include begin and ending time period specified for this hire. Employee is not eligible for any County benefits or retirement benefits.

Section II (check (✓) and complete status that applies and go to Section III)

Elected Official should notify Human Resources when there is a status change with an employee. Any change may effect insurance benefits. A new Job Description needs to be sent to HR along with the PAF if any changes to the employee description are made.

- New Hire** Date of Hire: _____ this is the first physical day to work a full shift
(Department orientation is to be part of the shift worked that day)
- Re Hire** Date of Re Hire: _____ this is the first physical day to work a full shift
(Department orientation is to be part of the shift worked that day)
- Part Time to Full Time** Effective date is: _____ Elected Official to notify employee to contact HR to add benefits
- Full Time to Part Time** Effective date is: _____ Elected Official to notify employee to contact HR to drop benefits
- Transfer** Name of Department _____ Effective date: _____
- Replacing** Name of employee being replaced: _____
- Suspension** Begins: _____ Ends: _____ with pay without pay (check (✓) one)
- Administration Leave** Begins: _____ Ends: _____ with pay without pay (check (✓) one)
- Resignation** Effective date is: _____ Elected Official to notify employee to contact HR
- Retirement** Effective date is: _____ Elected Official to notify employee to contact HR
- Terminated** Effective date is: _____ Elected Official to notify employee to contact HR
- Death** Date of Death _____ Elected Official to notify HR
- Promotion** Effective date is: _____
- Pay Increase** Effective date is: _____
- Pay Reduction** Effective date is: _____
- Certificate Pay** Effective date is: _____

Section III

Budget Line Item number: _____ - _____ - _____ - _____ **Travel Allowance**

_____ Hourly Rate _____ OT Rate

_____ Annual Rate _____ Travel Allowance

_____ Certificate Pay Rate (Sheriff's Office 113, 114) _____ Shift Differential Pay (EMS only)

Employee Signature _____

Date: _____

Elected Official / Designee Signature _____

Date: _____