

# Austin County

## PERSONNEL ACTION FORM

Revision effective 9-2016; 12-2016; 9-2019; 9-2021, 08-22, 01-26

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 207K (Law Enforcement).** 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/Seasonal** - 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 affect 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: _____
Suspension	Begins: _____	Ends: _____ <input type="checkbox"/> with pay <input type="checkbox"/> without pay (check (✓) one)
Administration Leave	Begins: _____	Ends: _____ <input type="checkbox"/> with pay <input type="checkbox"/> 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: _____	
Employee Group Approvals (SO Only) _____		

### **Section III**

Budget Line-Item number: \_\_\_\_\_ - \_\_\_\_\_ - **Travel Allowance**

\_\_\_\_\_ Hourly Rate \_\_\_\_\_ OT Rate

\_\_\_\_\_ Annual Rate \_\_\_\_\_ Travel Allowance

\_\_\_\_\_ Certificate Pay Rate (Sheriff's Office 113, 114)

Employee Signature

Date:

Elected Official / Designee Signature

Date: