



CITY OF GEORGETOWN
PERSONNEL ACTION FORM

Department:

Employee's Name:

Date:

Slot Number:

Action Taken:

Check Appropriate Line (s):

Separation:

Transfer:

Promotion:

Demotion:

SEPARATION:

Resignation:

Dismissal:

Other:

Effective Date:

PROMOTION:

Probationary:

Regular:

Present Salary:

Salary After
Promotion:

Effective Date:

TRANSFER:

Present Department:

New Department:

With Promotion?

Yes No
(if Yes, fill out
Promotion Section
as well)

Effective Date:

DEMOTION:

Present Position:

New Position:

Present Salary:

New Salary:

Effective Date:

Reason for Action: (in detail)

APPROVALS

Department Head

Personnel Officer

City Administrator