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 _____

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

_____ City Administrator

_____ Human Resources

Print Form Reset Form

Revised 02-2008