

REQUEST FOR PERSONNEL ACTION
(Promotions/Reclassifications)
Allegany County Department of Human Resources

(1) DATE: _____

(2) EMPLOYEE/POSITION: _____ (3) POSITION CONTROL #: _____

(4) EMPLOYEE NUMBER: _____ (5) BUDGET ACCOUNT #: _____

(6) EFFECTIVE DATE of REQUESTED CHANGE: _____

(7) CHANGE NEEDED (GIVE COMPLETE DESCRIPTION):

_____.

_____.

_____.

_____.

_____.

(8) CHANGE FROM (current title): _____ GRADE: _____.

POSITION CONTROL #: _____

(9) CHANGE TO (requested title): _____ GRADE: _____.

POSITION CONTROL #: _____

SEND ANY NECESSARY DOCUMENTS WITH THIS REQUEST

(10) PERSON INITIATING REQUEST: _____ TITLE: _____

APPROVALS:

(11) DEPARTMENT HEAD: _____ (DATE) _____

(12) BUDGET CONTROL: _____ (DATE) _____

(13) HUMAN RESOURCES: _____ (DATE) _____

(14) COUNTY ADMINISTRATOR: _____ (DATE) _____

(15) ACTION EFFECTED: _____ (EFFECTIVE DATE) _____

(16) PERSONNEL ACTION PROCESS COMPLETE: _____

(Human Resources Representative)