

**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)