



# MILLER COUNTY

## PERSONNEL ACTION FORM

The action(s) noted below ha/have been taken with respect to the named employee. The employee has been notified of the action and the employee has been furnished a copy of this notification form.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature of Budget Manager

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Effective Date

Action taken below:

FROM:

TO:

\_\_\_\_\_  
Pay Rate \_\_\_\_\_  
\_\_\_\_\_  
FLSA Class \_\_\_\_\_  
\_\_\_\_\_  
Promotion \_\_\_\_\_  
\_\_\_\_\_  
Job Change \_\_\_\_\_  
\_\_\_\_\_  
Reprimand \_\_\_\_\_  
\_\_\_\_\_  
Warning \_\_\_\_\_  
\_\_\_\_\_  
Layoff \_\_\_\_\_  
\_\_\_\_\_  
Terminate \_\_\_\_\_

Comments and reasons for action: *Be Specific*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have received a copy of this notification, realizing that it will become a part of my personnel record. I have discussed this action with my supervisor and understand its meaning. I also am aware that I may request a fair hearing through the grievance procedure if I disagree with this action.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Director

\_\_\_\_\_  
HR / PR Date