

# COUNTY OF LIVINGSTON POSITION ACTION REQUEST

Current Date \_\_\_\_\_

Type of Personnel Action: (Mark appropriate box. Explain in Remarks.)

<input type="checkbox"/> New Hire	<input type="checkbox"/> Transfer	<input type="checkbox"/> Salary Increase	<input type="checkbox"/> Other
<input type="checkbox"/> Reclassification	<input type="checkbox"/> FMLA	<input type="checkbox"/> Change Number of	
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Scheduled Work Hrs	<input type="checkbox"/> Retirement
<input type="checkbox"/> Rehire	<input type="checkbox"/> Separation from Employment	<input type="checkbox"/> Change of Address/Name/Phone	

Employee _____	Department _____
Fund-Dept & Line No. _____	Effective Date: _____

Present

New

Classification (Title): \_\_\_\_\_

& Salary \_\_\_\_\_

Grade Level/Step: \_\_\_\_\_

Employment Status: \_\_\_\_\_

Hours per week(Number) \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Other: \_\_\_\_\_

Comments/Considerations: \_\_\_\_\_

Employee last occupying this position: \_\_\_\_\_

**Evaluation by Supervisor: (Mark appropriate rating for each factor)**

Factor	Excellent	Good	Average	Improvement	Unsatisfactory
Quality of Work:					
Quantity of Work:					
Attendance:					

Would you rehire?: ☐ Yes ☐ No

**Evaluation Remarks:**

Signed: \_\_\_\_\_

Department Director

Signed: \_\_\_\_\_

Personnel Director

Instructions:

Complete and send original only to Human Resources. Once processed and approved, two copies will be returned:  
one is to be kept by the dept/2nd copy to employee

Use reverse side for more complete explanation and suggestion for further personnel development.

Additional copies of this form can be obtained from the Human Resource Department.