## Brazos County Change of Status Personnel Action Form

	☐ Original ☐ Co	unty Judge Department	
Requested Effective Date:		For Health District & CSCD Only:	
Division:		A 19 1 Offi	
Division #:			
Employee Name:		Verified By:	_
Employee #:			
Current	Position Name: Department:		
	Hourly Rate/Per Pay Amt: \$	Full-Time Part-Time Temporal	ту
Proposed	Position Name:  Department:  Hourly Rate/Per Pay Amt: \$  Hourly Salary		ııry
Commissioners Court Action  Approved Denied No Action Taken		Employee Signature Date	-
	day of, 20	Department Head Signature Date	_
C	ounty Judge's Signature	Human Resources Signature Date	-