

# Brazos County Change of Status Personnel Action Form

Original

County Judge

Department

Requested Effective Date: \_\_\_\_\_  
Division: \_\_\_\_\_  
Division #: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Employee #: \_\_\_\_\_

### For Health District & CSCD Only:

Budget Verified by Auditor's Office:  Yes  No

Verified By: \_\_\_\_\_

### Current

Position Name: \_\_\_\_\_ Position Code: \_\_\_\_\_

Department: \_\_\_\_\_ Grade Code: \_\_\_\_\_

Hourly Rate/Per Pay Amt: \$ \_\_\_\_\_  Full-Time  Part-Time  Temporary  
 Hourly  Salary  3/4 - Time (30+ hours)

### Proposed

Assignment Change  Grade Change  Merit

Transfer from Another Dept.  Other (Explain in Comments)

Position Name: \_\_\_\_\_ Position Code: \_\_\_\_\_

Department: \_\_\_\_\_ Grade Code: \_\_\_\_\_

Hourly Rate/Per Pay Amt: \$ \_\_\_\_\_  Full-Time  Part-Time  Temporary  
 Hourly  Salary  3/4 - Time (30+ hours)

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Commissioners Court Action

Approved  Denied  No Action Taken

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
County Judge's Signature

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Department Head Signature Date

\_\_\_\_\_  
Human Resources Signature Date