

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