



**Alpine County  
Personnel Action Request (PAF)**

<b>EMPLOYEE INFORMATION</b>	EE NO.:	EFFECTIVE DATE:
	EE NAME:	DEPARTMENT:
<b>CURRENT POSITION INFORMATION</b>	TITLE (CLASS):	CLASSIFICATION:
	GROUP:	RANGE:
	STATUS:	STEP:
	SCHEDULED HRS PER WEEK:	MO. SALARY
	PERMANENT          TEMPORARY	(OR HRLY RATE IF EXTRA HELP)
<b>TRANSACTION TYPE</b>	V-† =@- k- =@- U -k@#k- ° o- ) -#k- ° o- α° uy o# = ° V8- ..... o-h° k° u@V7k\ U ' -U hQ' U -Vu	
	POSITION CHANGE (PROMOTION/DEMOTION)	
	TRANSFER	
	ACCRUAL CHANGE	
<b>PERSONNEL ACTION</b>	<b>FROM</b>	<b>TO</b>
	CLASSIFICATION: RANGE: STEP: SALARY (HRLY): STATUS: POSITION TITLE: DEPARTMENT: ACCRUAL RATE:	CLASSIFICATION: RANGE: STEP: SALARY (HRLY): STATUS: POSITION TITLE: DEPARTMENT: ACCRUAL RATE:
	COMMENTS:	

Please attach any required documents such as application/certificates/evaluations, etc.

Individuals signing below certify that the above action has been made in accordance with applicable Memorandum of Understanding and/or approval of the Board of Supervisors and any other applicable county policies.

Department Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Auditor Representative: \_\_\_\_\_ Date: \_\_\_\_\_