

COLLIN COUNTY  
PERSONNEL ACTION FORM

|  |                         |
|--|-------------------------|
| NAME: <u>Elmore, Jr.</u> <u>Edwin</u> <u>Lee</u> | DATE: <u>4-4-89</u>     |
| LAST FIRST MIDDLE                                | DEPARTMENT: <u>Jail</u> |
| SOCIAL SEC. NO.: <u>461-98-4532</u>              |                         |

|  |                                 |                                       |   |
|--|---------------------------------|---------------------------------------|---|
| <b>EMPLOYMENT</b>                        | Employment Date: <u>4-12-89</u> | Job Title: <u>Jailer</u> <u>S02/A</u> | SALARY: <u>1442.00</u>  |
| Previously Employed:                     | Original Employment Date:       | Separation Date:                      | Supervisor:   |
| ELIGIBILITY DATES: (For Office Use Only) |                                 |                                       | Vacation Days: _____ Sick Leave: _____ Insurance: (Medical) Self Dependents |

|  |                   |                |       |      |
|--|-------------------|----------------|-------|------|
| <b>Salary and/or title change</b>  | Current Job Title | Current Salary | Range | Step |
|  | New Job Title     | New Salary     | Range | Step |
| Reason: <input type="checkbox"/> Satisfactory Performance <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Exceptional Merit |                   |                |       |      |

|                                     |       |  |                   |  |
|-------------------------------------|-------|--|-------------------|--|
| <b>TRANSFER</b>                     | FROM: | TO:                                    | <b>SICK LEAVE</b> | Dates of Sick Leave:   |
| <b>LEAVE OF ABSENCE (One Month)</b> | FROM: | TO:                                    |                   | Previous Days Sick Leave Taken This Year:  |
| RETURN                              | DATE: | <input type="checkbox"/> Ins. Notified |                   | Was Doctor's Statement Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No |

|                   |                        |                    |  |                               |
|-------------------|------------------------|--------------------|--|-------------------------------|
| <b>VACATION</b>   | Date Requested - From: | To:                | Total Work Days Away   | Previous Days Taken This Year |
| <b>SEPARATION</b> | Employment Date        | Last Day Worked    | Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain |                               |
| Vac. Pay No. Hrs. | Amt. Paid              | Comp. Pay No. Hrs. | Amt. Paid  |                               |

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Voluntary Retirement             | <input type="checkbox"/> Return To School                | <input type="checkbox"/> Insubordination                        |
| <input type="checkbox"/> Mandatory Retirement. Co. Policy | <input type="checkbox"/> Family Problems                 | <input type="checkbox"/> Reporting Under Influence of Alcohol   |
| <input type="checkbox"/> Death                            | <input type="checkbox"/> Resignation For Other Reasons   | <input type="checkbox"/> Drinking On Duty                       |
| <input type="checkbox"/> Illness or Injury                | <input type="checkbox"/> Reduction In Force              | <input type="checkbox"/> Destruction or Removal Of Co. Property |
| <input type="checkbox"/> Leaving Area                     | <input type="checkbox"/> Habitually Absent or Tardy      | <input type="checkbox"/> Falsification of County Records        |
| <input type="checkbox"/> Accept Other Job                 | <input type="checkbox"/> Unreported Absence              | <input type="checkbox"/> Misconduct                             |
| <input type="checkbox"/> Dissatisfied                     | <input type="checkbox"/> Leaving Work Without Permission | <input type="checkbox"/> Other (Explain in comments)            |
- How Many Days Advance Notice Given?

COMMENTS:

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Dated this 10th day of April, 1989

EFFECTIVE DATE: 4-12-89

Wm J Roberts  
COUNTY JUDGE

DATE 4-8-89 EMPLOYEE (IF APPLICABLE) \_\_\_\_\_  
 DATE \_\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_  
 DATE \_\_\_\_\_ PERSONNEL DIRECTOR \_\_\_\_\_