

COLLIN COUNTY  
PERSONNEL ACTION FORM

|   |                     |
|---|---------------------|
| NAME: <b>BURCH</b> <b>ROBERT</b> <b>LEE</b> | DATE: 5-1-89        |
| LAST FIRST MIDDLE                           | DEPARTMENT: Sheriff |
| SOCIAL SEC. NO.: 456-15-6205                |                     |

|  |                           |                                  |                   |
|--|---------------------------|----------------------------------|-------------------|
| <b>EMPLOYMENT</b>                        | Employment Date: 5-8-89   | Job Title: Deputy Sheriff (S7/A) | SALARY: \$2032.00 |
| 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 Reason</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:

Dated this 8th day of May, 19 89

*Wm J Roberts*  
COUNTY JUDGE

EFFECTIVE DATE: 5-8-89

DATE \_\_\_\_\_ EMPLOYEE (IF APPLICABLE)  
 DATE *May 8 1989* DEPARTMENT HEAD  
 DATE \_\_\_\_\_ PERSONNEL DIRECTOR *Robert Edelberg*