

**COLLIN COUNTY
PERSONNEL ACTION FORM**

NAME: DIRKES DAVID JOHN	DATE: 4-26-89
LAST FIRST MIDDLE	DEPARTMENT: Minimum Security
SOCIAL SEC. NO.: 397-38-0548	

EMPLOYMENT	Employment Date: 11-1-81	Job Title: Jailer (S2/F2)	SALARY: \$1840.00
Previously Employed:	Orginal Employment Date:	Separation Date:	Supervisor:
ELIGIBILITY DATES: (For Office Use Only)		Vacation Days:	Sick Leave:
		Insurance: (Medical)	Self Dependents

Salary and/or title change	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				

TRANSFER	FROM: Minimum Security	TO: Jail	SICK LEAVE
LEAVE OF ABSENCE <i>Give Reason</i>	FROM:	TO:	
RETURN	DATE:	<input type="checkbox"/> Ins. Notified	
			Dates of Sick Leave:
			Previous Days Sick Leave Taken This Year:
			Was Doctor's Statement Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No

VACATION	Date Requested - From:	To:	Total Work Days Away	Previous Days Taken This Year
SEPARATION	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

EFFECTIVE DATE: 5-1-89

Wm J Roberts
COUNTY JUDGE

DATE 4-27-89 EMPLOYEE (IF APPLICABLE) [Signature]
DATE _____ DEPARTMENT HEAD _____
DATE _____ PERSONNEL DIRECTOR [Signature]