

COLLIN COUNTY
PERSONNEL ACTION FORM

NAME: HUBER MICHAEL ANDREW	DATE: 5-12-89
LAST FIRST MIDDLE	DEPARTMENT: Microfilm
SOCIAL SEC. NO.: 454-67-1543	

EMPLOYMENT	Employment Date: 5-22-89	Job Title: Microfilm Clerk (Temp.Full-Time)	SALARY: \$5.50 p/h
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:	TO:	SICK LEAVE	Dates of Sick Leave:
LEAVE OF ABSENCE <small>Give Reason</small>	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

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

COMMENTS: FICA EXEMPT

Dated this 22nd day of May, 19 89

EFFECTIVE DATE: 5-22-89

Wm J Roberts
COUNTY JUDGE

DATE	EMPLOYEE (IF APPLICABLE)
DATE	<u>Robert L. ...</u> DEPARTMENT HEAD
DATE	<u>Robert L. ...</u> PERSONNEL DIRECTOR