

COLLIN COUNTY  
PERSONNEL ACTION FORM

NAME: ROSSATO NORMA KAY			DATE: 5-16-89
LAST	FIRST	MIDDLE	DEPARTMENT: Tax Assessor
SOCIAL SEC. NO.: 493-34-7469			

<b>EMPLOYMENT</b>	Employment Date: 6-5-89	Job Title: Vehicle Registration Clerk (R2/B2)	SALARY: \$1181.00
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: Vehicle Registration Clerk (PPT)	Current Salary: \$5.75 p/h	Range: R2	Step: B2
	New Job Title: Vehicle Registration Clerk	New Salary: \$1181.00	Range: R2	Step: B2
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</b> <i>Give Reason</i>	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
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<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

- Voluntary Retirement
- Mandatory Retirement. Co. Policy
- Death
- Illness or Injury
- Leaving Area
- Accept Other Job
- Dissatisfied
- Return To School
- Family Problems
- Resignation For Other Reasons
- Reduction In Force
- Habitually Absent or Tardy
- Unreported Absence
- Leaving Work Without Permission
- Insubordination
- Reporting Under Influence of Alcohol
- Drinking On Duty
- Destruction or Removal Of Co. Property
- Falsification of County Records
- Misconduct
- Other (Explain in comments)

How Many Days Advance Notice Given?

COMMENTS:

Dated this 22nd day of May, 19 89

EFFECTIVE DATE: 6-5-89

*Wm J Roberts*  
COUNTY JUDGE

5/18/89  
DATE

EMPLOYEE (IF APPLICABLE)  
*[Signature]*  
DEPARTMENT HEAD  
*[Signature]*  
PERSONNEL DIRECTOR