

COLLIN COUNTY  
PERSONNEL ACTION FORM

NAME: DENISON JENNIFER GAY	DATE: 6/20/89
LAST FIRST MIDDLE	DEPARTMENT: BLDG. MAINT.
SOCIAL SEC. NO.: 486-72-1307	

<b>EMPLOYMENT</b>	Employment Date: 1/16/89	Job Title:	SALARY:
Previously Employed:	Orginal 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 Secretary (Temp. Full-time)	Current Salary 5.50 P/H	Range	Step
	New Job Title Same	New Salary 6.50 P/H	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</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	

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

COMMENTS:

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Dated this 26th day of June, 1989

EFFECTIVE DATE: 6/2/89

Walter J. Roberts  
COUNTY JUDGE

DATE 6/20/89 EMPLOYEE (IF APPLICABLE)  
 DATE \_\_\_\_\_ DEPARTMENT HEAD  
 DATE \_\_\_\_\_ PERSONNEL DIRECTOR