

LINCOLN COUNTY EMPLOYEE ACTION FORM

GENERAL INFORMATION	NAME <u>Candace S. Stevens</u>		EMP # <u>4885</u>	LAST 4 SS _____
	DEPARTMENT <u>Human Resources</u>		FUND # <u>11</u>	DEPT # <u>4130</u>
	POSITION <u>Human Resources Director</u>	POS # _____	GRADE <u>14</u>	EXEMPT <input checked="" type="checkbox"/> NON EXEMPT <input type="checkbox"/>
	ADDRESS _____			
	CITY _____ STATE _____ ZIP _____		PHONE _____	
	BIRTHDATE _____		MARITAL STATUS _____	EMAIL _____

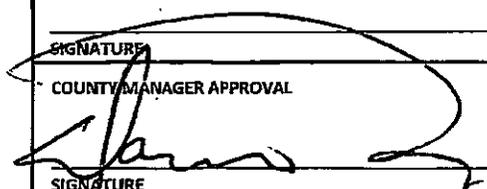
APPOINTMENT TYPE	<input type="checkbox"/> SAFETY SENSITIVE	<input type="checkbox"/> NON SAFETY SENSITIVE
	<input type="checkbox"/> PROBATIONARY	<input type="checkbox"/> 6 MONTH <input type="checkbox"/> 1 YEAR <input type="checkbox"/> NELIGIBLE FOR INCREASE <input type="checkbox"/> PROBATION EXTENSION
	<input type="checkbox"/> REGULAR	
	<input type="checkbox"/> FULL-TIME	
	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> PT RETIREMENT <input type="checkbox"/> PT TO FT <input type="checkbox"/> FT TO PT <input type="checkbox"/> OTHER _____
	<input type="checkbox"/> REINSTATEMENT	
	<input type="checkbox"/> TEMPORARY FROM _____ TO _____	REPLACING (NAME) _____

ACTION TYPE	<input type="checkbox"/> NEW HIRE	EFFECTIVE DATE _____
	<input type="checkbox"/> PROMOTION	FROM _____
	<input type="checkbox"/> TRANSFER	GRADE _____ POSITION # _____
	<input type="checkbox"/> RECLASSIFICATION	HOURLY _____ ANNUAL _____
	<input type="checkbox"/> PROBATION COMPLETE/REGULAR STATUS	
	<input type="checkbox"/> OTHER _____	TO _____
	GRADE _____ POSITION # _____	
	HOURLY _____ ANNUAL _____	

SEPARATION	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> DEATH	EFFECTIVE DATE <u>05/13/2024</u>
	<input checked="" type="checkbox"/> DISMISSAL	<input type="checkbox"/> REDUCTION IN FORCE	RECOMMENDED FOR REHIRE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	<input type="checkbox"/> RESIGNATION	<input type="checkbox"/> TEMP POSITION ENDS	REQUIRED TO SUBMIT WITHIN 24 HOURS OF ACTION

TEMPORARY LEAVE	<input type="checkbox"/> MILITARY	BEGINNING OF LEAVE _____
	<input type="checkbox"/> DISABILITY	LAST DAY WORKED _____
	<input type="checkbox"/> SUSPENSION	DATES WITHOUT PAY _____
	<input type="checkbox"/> FMLA	DATES WITH PAY _____
	<input type="checkbox"/> WORKERS COMP	DATES WITH PAY _____
	<input type="checkbox"/> ADMINISTRATIVE LEAVE	
	<input type="checkbox"/> OTHER _____	ALL INFORMATION MUST BE ACCURATE AND COMPLETE

EMPLOYEE WILL RETURN TO WORK ON _____ UNLESS EXTENSION HAS BEEN REQUESTED IN WRITING, RECOMMENDED BY DEPARTMENT MANAGER, AND APPROVED BY THE COUNTY MANAGER. FAILURE TO RETURN TO WORK WITHOUT EXTENSION SHALL BE GROUNDS FOR TERMINATION.

APPROVALS	DEPARTMENT MANAGER RECOMMENDATION		Date Received	Notes
	SIGNATURE _____	DATE _____		
	HR APPROVAL			
	SIGNATURE _____	DATE _____		
COUNTY MANAGER APPROVAL				
SIGNATURE 	DATE <u>5-14-24</u>			
			Employee left Employment:	
			<input type="checkbox"/> In Good Standing	
			<input checked="" type="checkbox"/> Not In Good Standing	