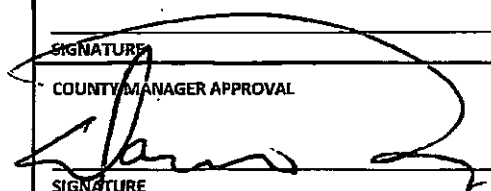


LINCOLN COUNTY EMPLOYEE ACTION FORM

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 <input type="checkbox"/> PROMOTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> RECLASSIFICATION <input type="checkbox"/> PROBATION COMPLETE/REGULAR STATUS <input type="checkbox"/> OTHER _____		EFFECTIVE DATE _____ FROM _____ GRADE _____ POSITION # _____ HOURLY _____ ANNUAL _____ TO _____ GRADE _____ POSITION # _____ HOURLY _____ ANNUAL _____		
		SEPARATION	<input type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> DISMISSAL <input type="checkbox"/> RESIGNATION		<input type="checkbox"/> DEATH <input type="checkbox"/> REDUCTION IN FORCE <input type="checkbox"/> TEMP POSITION ENDS	
			EFFECTIVE DATE <u>05/13/2024</u>		RECOMMENDED FOR REHIRE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
			REQUIRED TO SUBMIT WITHIN 24 HOURS OF ACTION			
TEMPORARY LEAVE	<input type="checkbox"/> MILITARY <input type="checkbox"/> DISABILITY <input type="checkbox"/> SUSPENSION <input type="checkbox"/> FMLA <input type="checkbox"/> WORKERS COMP <input type="checkbox"/> ADMINISTRATIVE LEAVE <input type="checkbox"/> OTHER _____		BEGINNING OF LEAVE _____ LAST DAY WORKED _____ DATES WITHOUT PAY _____ DATES WITH PAY _____ DATES WITH PAY _____ 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		Employee left Employment: <input type="checkbox"/> In Good Standing <input checked="" type="checkbox"/> Not In Good Standing				
SIGNATURE  DATE <u>5-14-24</u>						