



MILLER COUNTY PERSONNEL ACTION FORM

The action(s) noted below ha/have been taken with respect to the named employee. The employee has been notified of the action and the employee has been furnished a copy of this notification form.

Department

Signature of Budget Manager

Employee

Effective Date

Action taken below:

FROM:

TO:

- _____ Pay Rate _____
- _____ FLSA Class _____
- _____ Promotion _____
- _____ Job Change _____
- _____ Reprimand _____
- _____ Warning _____
- _____ Layoff _____
- _____ Terminate _____

Comments and reasons for action: *Be Specific*

I have received a copy of this notification, realizing that it will become a part of my personnel record. I have discussed this action with my supervisor and understand its meaning. I also am aware that I may request a fair hearing through the grievance procedure if I disagree with this action.

Signature of Employee

Date

Finance Director

HR / PR Date