HARRIS COUNTY PSYCHIATRIC CENTER
PERSONNEL ACTION

LAST NAME	FIRST	MI	EMP ID # (6 DIGIT #)	EFFECTIVE DATE

EMPLOYMENT
Complete Row 1
Recruitment
New Position
Replacement

Replace_____

STATUS
☐ Regular
☐ Temporary
☐ Casual

☐ **CHANGE**
Complete Row 1 & 2

☐ Fund Source ☐ Salary Rate
☐ Percent Time ☐ End Date
☐ Transfer ☐ Job Title

☐ Other _____

Status change to:

☐ Regular ☐ Casual ☐ Temporary

☐ **L.O.A.**
Complete this Section

_____
Reason Code

_____
Start Date

_____
Return Date

☐ **TERMINATION**
Complete Row 2

Reason Code: _____

Last day worked _____

COMMENTS:
_____
_____
_____

INVOLUNTARY TERM HR CONTACT:
_____

Row	*Account*	*PSM Use Only*		*FTE*	*Job Code / Job Title*	*End Date*	*Salary Actual/Annual* *(if less than 1.00 fte)*	*Shift*
		Record#	*Position No*					
1							Actual / Annual	
2							Actual / Annual	

Employee Room Location or Unit: _____ *Emp.Office Phone: _____*
(Required) *(Required)*

Requesting Dept/Unit: _____ *Report to:_____* *CDC: _____*

PA Prepared by: _____ *Phone: _____* *RequestingDept Head _____*

Special Instructions:

Approvals:

_____
Department Head Date

_____
Administration Date

_____
Financial Operations Date

PSM Use Only *(please initial and date)*

Type of Action _____

☐ SDR _____ ☐ Roster _____

☐ PA Log _____ ☐ ANSOS _____

FY _____ Folder _____ Dept ID _____

_____
Personnel Systems Management Date

(Rev. 10/28/03)