



DEKALB COUNTY GOVERNMENT PERSONNEL CHANGES FORM

Date of Notice: _____ Department: _____

Employee Name: _____ (please print)

PART A: DEPARTMENT NOTIFICATION OF NEW HIRE

Date of Hire: _____ Position: _____

Full - Time or Part - Time (circle please) Permanent or Temporary (circle please)

Bi-weekly Hours: _____ Charge Account #: _____ Non-Union / Union _____

Rate of Pay: _____ (If above minimum, additional documentation is required)

PART B: NOTIFICATION OF INTRA-OFFICE PERSONNEL CHANGES

Effective Date: _____

Old Position: _____ New Position: _____

Old Rate of Pay: _____ New Rate of Pay: _____ Non-Union / Union _____

Bi-weekly hours: Old _____ New _____ Charge Account #: _____

PART C: DEPARTMENT NOTIFICATION OF TERMINATION

Effective Date: _____ Type (circle please):
Voluntary Lay Off
Termination Temporary Hire
Retirement Deceased

Eligible for re-hire? YES NO (if no, please list reason in Part D)

PART D: NOTES (use additional pages if necessary)

DEPARTMENT HEAD APPROVAL:

Printed name: _____ Signature: _____

Date: _____