



**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: \_\_\_\_\_