

HILLSBOROUGH COUNTY CIVIL SERVICE
REPORT OF APPOINTMENT OR CHANGE OF STATUS

NAME, LAST	FIRST	MIDDLE
SOCIAL SECURITY NO.		BIRTH DATE
ADDRESS		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> 1. WHITE <input type="checkbox"/> 2. BLACK <input type="checkbox"/> 3. HISPANIC <input type="checkbox"/> 4. ASIAN/P.I. <input type="checkbox"/> 5. AMER. IND.		
The requirements of the Civil Service Law and Rules have been satisfied		
APPOINTING AUTHORITY / DESIGNATED REPRESENTATIVE		

AGENCY	DATE PREPARED 03/29/06
PRESENT DEPARTMENT	PRESENT PAYROLL CODE
NEW DEPARTMENT	NEW PAYROLL CODE
EFFECTIVE DATE	
DIRECTOR, CIVIL SERVICE	

	INITIAL APPOINTMENT	PRESENT STATUS	CHANGE OF STATUS	TO SUCCEED (NAME)	ACTION
Position Number					
Class Title					
Class Code					
Grade					
Hourly Rate					
Rater?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Present Index Code:			New Index Code:		
Present O.T. Code:			New O.T. Code:		
Present Account No.:			New Account No.:		

TYPE OF APPOINTMENT	ACTION	TERMINATIONS
<input type="checkbox"/> Initial Appointment <input type="checkbox"/> Initial Probation <input type="checkbox"/> Reemploy (WC/RIF/MIL) <input type="checkbox"/> Conditional Probation <input type="checkbox"/> Rehire (w/i 2yrs) <input type="checkbox"/> Temporary <input type="checkbox"/> Restricted Appt. <input type="checkbox"/> Emergency Temp <input type="checkbox"/> Limited Duration <input type="checkbox"/> Full Time (40 hrs./wk.) <input type="checkbox"/> Reduced Hour (from 20 to 30 hrs./wk.) <input type="checkbox"/> Part Time (19 hrs./wk or less) <input type="checkbox"/> Normal Bi-Weekly Hours	<input type="checkbox"/> Acct. # Change <input type="checkbox"/> Leave of Absence <input type="checkbox"/> % Promotion <input type="checkbox"/> Acting <input type="checkbox"/> Max of Pay Grade <input type="checkbox"/> Remove from Acting <input type="checkbox"/> Address Change (Adjust P. R. D.) <input type="checkbox"/> Remove P. I. P. <input type="checkbox"/> % Annual Perf. Inc. <input type="checkbox"/> Name Change <input type="checkbox"/> Remove Restricted <input type="checkbox"/> Class Regraded <input type="checkbox"/> Payroll Code Change <input type="checkbox"/> Return to Former Class <input type="checkbox"/> Class Retitled <input type="checkbox"/> Performance Inc. Denied <input type="checkbox"/> Return from Leave <input type="checkbox"/> Demotion (Adjust P. R. D.) <input type="checkbox"/> Suspended <input type="checkbox"/> Enroll P. I. P. <input type="checkbox"/> Position # Change <input type="checkbox"/> Temp Empl. Extended <input type="checkbox"/> % Extra. Perf. Inc. <input type="checkbox"/> Position Reclassified <input type="checkbox"/> Temp. to Perm. <input type="checkbox"/> Index Code Change <input type="checkbox"/> Probation Extended <input type="checkbox"/> Transfer <input type="checkbox"/> Initial Prob. Complete <input type="checkbox"/> % Probationary Perf. Inc. <input type="checkbox"/> Other (Adjust P. R. D.)	<input type="checkbox"/> Deceased <input type="checkbox"/> Lay Off – RIF <input type="checkbox"/> Dismissed <input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> End Temp. Time Class Code _____ List Date _____ <input type="checkbox"/> Open <input type="checkbox"/> Closed

AGENCY REMARKS

Benefits Date:

Performance Review Date:

Adjusted Benefits Date:

Adjusted Performance Review Date:

Probation Ends:

CIVIL SERVICE REMARKS

Released

Received