

## Tightwad Fire Protection District Personnel Action Form

Name: \_\_\_\_\_

ID: |\_|\_|\_|\_|

<p>Effective Date of Personnel Action: ___/___/___ <i>(date of hire, promotion, demotion, suspension, termination, or change)</i></p> <p>Ending Date of Action: ___/___/___ <i>(demotion or suspension only)</i></p> <p>Personnel Action:</p> <p><input type="checkbox"/> Hire   <input type="checkbox"/> Change   <input type="checkbox"/> Promotion   <input type="checkbox"/> Demotion</p> <p><input type="checkbox"/> Involuntary or   <input type="checkbox"/> Voluntary Separation</p> <p><input type="checkbox"/> With or   <input type="checkbox"/> Without Benefits Suspension</p> <p><input type="checkbox"/> Suspension with benefit reduction (see remarks)</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>For Separation Only:</b></p> <p>Eligible/Recommended for Rehire?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Forwarding Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**From:**

**To:**

<p>Position: _____</p>	<p>Position: _____</p>
<p>Paid <input type="checkbox"/> On-call   <input type="checkbox"/> In-station   <input type="checkbox"/> Resident in-station</p> <p>Unpaid <input type="checkbox"/> On-call   <input type="checkbox"/> In-station   <input type="checkbox"/> Resident in-station</p>	<p>Paid <input type="checkbox"/> On-call   <input type="checkbox"/> In-station   <input type="checkbox"/> Resident in-station</p> <p>Unpaid <input type="checkbox"/> On-call   <input type="checkbox"/> In-station   <input type="checkbox"/> Resident in-station</p>
<p>Status: <input type="checkbox"/> Hourly/Annual Rate: \$ _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Active   <input type="checkbox"/> On Suspension   <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> Initial Performance Trial Period   Terminated</p>	<p>Status: <input type="checkbox"/> Hourly/Annual Rate: \$ _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Active   <input type="checkbox"/> On Suspension   <input type="checkbox"/></p> <p style="padding-left: 40px;"><input type="checkbox"/> Initial Performance Trial Period   Terminated</p>
<p>Work Period: <input type="checkbox"/> _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> None</p>	<p>Work Period: <input type="checkbox"/> _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> None</p>

**Tightwad Fire Protection District  
Personnel Action Form**

Name: \_\_\_\_\_

ID: |\_|\_|\_|\_|\_|

**Remarks**

Recommending Name and Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Recommending Name and Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Authorizing Name and Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Authorizing Name and Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Authorizing Name and Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_