

Personnel Action Form

Date: 11/22/2022		Department: SHERIFF
Last Name: HERRING		First: AARON Middle: WAYNE
Address		City: State: Zip:
Phone:		Employee #:
SSN:		Date of Birth:
Marital Status: Race:		
Emergency Contact: Emergency Phone:		
Effective Date: 11-22-2022 Former Employee – Month/Year		
Type of Action Requested: New Hire Termination		Termination (Resigned, Dismissed, Retired, Death)
	Leave with Pay	Released from Probation
	Leave without Pay	☑Other Explain: See below
	Classification Change	
Position Type:	☑ Full Time ☐ Part Tin	ne Other Explain:
Employee Status:	Regular Tempor	rary Beginning Date Ending Date
	Probationary	☐Intern
,	Trainee	Other Explain: Suspended until Dec 5, 2022
Present/Last Classification: Position/#: A2 CHIEF DEPUTY Grade: 78 Salary: 85840.17		
Requested Classification:	Position/#:	Grade: Salary:
Name of Employee Replaced:		
Comments-Additional Information: SUSPENDED until December 5, 2022 without pay		
HR/Employee Relations D Comments:	irector:	Date:
Requested By:		
Department Head: Sheriff W.A.Rogers W. M. Rogers Date: 11/22/2022		
APPROVALS		
Finance Officer:		Date:
Administration:		Date:
County Manager:		Date: