

## NUECES COUNTY PERSONNEL ACTION REQUEST

Please complete applicable items in Part A, sign appropriate block in Part B.

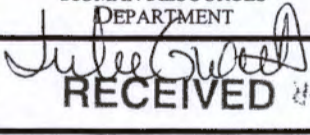
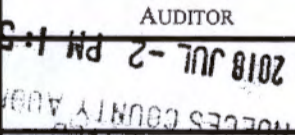
<b>PART A</b>	Dept. Name: Public Works - Engineering			Effective Date: 6/18/18	
<b>Position</b>	<b>Current</b>	<b>Proposed</b>	<b>Payroll</b>	<b>Current</b>	<b>Proposed</b>
Department Number	0121	0121	Pay Period Rate	4,496.00	5,207.20
ExecuTime Division			Hourly Rate	56.20	65.09
Job Class Number	1101	1101	Longevity		
Job Title	Director, Public Works	Director, Public Works	Special Pay		
			State Pay		
			Car Allowance	249.24	249.24
Sched / Pay Group / Step	45/01	48/01	LE Long/Sr Pay		
			Peace Off Cert Pay		
			Corr Off Cert Pay		
			LE CTO		
			LE FTO		
			LE JET		

<b>FLSA:</b> <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<b>Civil Service:</b> <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded	Hours Per Week: _____ Date Vacant: _____ Date Unfrozen: _____ Former Occupant: _____	<b>Final Benefits Payout</b> (Auditor's use only) _____ hrs. vacation credit \$ _____ _____ hrs. comp-time \$ _____ _____ hrs. sick leave \$ _____ <b>Total Benefits Payout</b> \$ _____
<b>Employment Status:</b> <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	<b>Job Category:</b> <input type="checkbox"/> Clerical <input checked="" type="checkbox"/> Non-Clerical <input type="checkbox"/> Law Enforcement		

<b>ACTION(S) REQUESTED</b> <b>Incoming Data</b> <input type="checkbox"/> Appointment - Complete Part C <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Returning from Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Returning from Leave <input type="checkbox"/> With pay <input type="checkbox"/> Without pay <input type="checkbox"/> Military <input type="checkbox"/> Temporary Employment Extension # _____ <input type="checkbox"/> Transfer in from Dept _____ <input type="checkbox"/> Workers Comp-Return	<b>Outgoing Data</b> <input type="checkbox"/> Leave <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> FMLA Qualifying <input type="checkbox"/> Military <input type="checkbox"/> Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Transfer out to Dept _____ <input type="checkbox"/> Workers Comp-Begin	<b>Separation Data - see Part D</b> <input type="checkbox"/> Resignation With Notice <input type="checkbox"/> Resignation Without Notice <input type="checkbox"/> Retirement <input type="checkbox"/> RIF (Reduction in Force) <input type="checkbox"/> Temporary Work Completed <input type="checkbox"/> Termination-Involuntary <input type="checkbox"/> Termination-Probationary Period	<b>Other</b> <input type="checkbox"/> Unfreeze Position - Complete Part E <input type="checkbox"/> Change Home Address <input type="checkbox"/> Change Home Phone Number <input type="checkbox"/> Change Name (Attach copy of SSN card) <input type="checkbox"/> Desk Audit <input type="checkbox"/> Performance Review <input type="checkbox"/> Probationary Status Completed <input checked="" type="checkbox"/> Reclassification <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> TCLEOSE Certification <input type="checkbox"/> Other: _____
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**COMMENTS:**  
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 Reclassify position from pay group 45 to pay group 48  
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<b>PART B</b>	Employee Number: 12337	Name (Last, First, MI): Pimentel, Juan A.	SSN: XXX-XX-3950
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Employee Signature: _____		Date: _____	
APPOINTING AUTHORITY	HUMAN RESOURCES DEPARTMENT	COUNTY AUDITOR	COMMISSIONERS COURT
	 <b>RECEIVED</b> 2018 JUL -2 PM 4:55 HUMAN RESOURCES DEPARTMENT	 <b>RECEIVED</b> 2018 JUL -2 PM 4:55 COUNTY AUDITOR	
Date: _____	Date: JUL 1 2018	Date: _____	Date: _____