

PERSONNEL ACTION FORM
CITY OF LLANO

Employee Name Finley de Graffenried Department Administration

- | | |
|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Hire | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Compensatory Time Off |
| <input type="checkbox"/> Reclassification | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Salary Change | |

Effective Date 10-1-2011 Eligible For Rehire Yes No

	<u>From</u>	<u>To</u>
Position	_____	_____
Grade/Step	_____	_____
Salary	<u>75,892</u>	<u>85,000 per contract</u>
Date of Absence	_____	_____

DISCIPLINARY ACTION/REMARKS

Request: Confidential Phone Number _____
 Other _____

_____ Employee Signature	_____ Date
_____ Supervisor Signature <u>Mike Reager</u>	_____ Date
_____ City Manager Signature <u>Mayor</u>	_____ Date