



CAMBRIA COMMUNITY SERVICES DISTRICT



P.O. Box 65, Cambria, CA 93428-0065, Tele. 805/927-6223 FAX 805/927-5584

PERSONNEL ACTION FORM

Name _____ Today's Date _____

Classification/Dept. _____ Effective Date _____

TYPE OF ACTION

- Appointment Part Time Full Time Temporary Regular
 Step Increase Promotion Incentive Increase Out of Classification Pay
 Probation Period Start Date _____ Probation Passed Effective Date _____
 Next Evaluation Date _____

FROM

TO (Also used for new hires)

Classification Title _____

Classification Title _____

Salary (Monthly)	Range	Step
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Salary (Monthly)	Range	Step
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- Separation Resignation Retirement Termination Lay Off/Effective Date of Action: _____

NOTES

Regular work schedule to be: _____ Team: _____

First standard day off (SDO) to be: _____

Probationary Evaluations on or about: 3 Months 170 Days 6 Months 1 Year (Fire Department)

Projected Evaluation Dates: _____

Employee Signature: _____ Date: _____

APPROVAL

Supervisor Signature: _____ Date: _____

District Manager Signature: _____ Date: _____