

CITY OF CLARKSVILLE PERSONNEL CHANGE REQUEST

SECTION I: EMPLOYEE/POSITION DATA

EMPLOYEE NAME: _____ SS # _____
ADDRESS: _____
DEPARTMENT: _____
POSITION TITLE: _____
GRADE AND TITLE: _____
IS THIS POSITION COVERED UNDER DOT REGS: YES NO

SECTION II: NEW HIRE

APPOINTMENT REGULAR TEMPORARY PART TIME
SALARY: \$ _____ PER year

OFFER OF EMPLOYMENT IS CONTINGENT ON SATISFACTORY COMPLETION OF ABILITY ASSESSMENT, BACKGROUND INVESTIGATION, AND ANY OTHER EVALUATIONS AS DEEMED APPROPRIATE BY THE HIRING DEPARTMENT.

SECTION III: STATUS CHANGE

Title: From: _____ To: _____
 Name: From: _____ To: _____
 Salary: From: _____ To: _____
 Other: _____

SECTION IV: TERMINATION

TYPE: Resignation Dismissal Death Lay-Off Retired
CATEGORY: Regular Temporary Probationary Seasonal
TCRS MEMBER: YES NO
ANNUAL LEAVE TIME DUE: HRS: _____ AMOUNT \$ _____

COMMENTS: _____

DEPARTMENT HEAD _____ MAYOR _____

HUMAN RESOURCES DIRECTOR _____

SIGNATURE CERTIFIES AVAILABILITY OF FUNDS,
COMMISSONER OF FINANCE/
GWS COMPTROLLER/CHIEF ACCOUNTANT
TRANSPORTATION

EFFECTIVE DATE _____