

VERMILION COUNTY

Courthouse Annex
Danville, IL 61832



**PERSONNEL
CHANGE NOTICE**

- EMPLOYMENT
- CHANGE
- TERMINATION

EMPLOYEE NAME	EMPLOYEE NUMBER	S.S. NUMBER	JOB GRADE
ADDRESS	CITY	STATE	ZIP
JOB TITLE	DEPARTMENT	LOCATION	WORK PHONE
HOME PHONE			

EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART TIME IMRF YES _____ (600+ hours/year) NO _____ (1-599 hours/year)						
HIRE SENIORITY DATE	AGE	SEX	MARITAL STATUS	EDUCATION	LABOR DISTRIBUTION #	SHIFT

DATE _____ PROBATIONARY PERIOD: _____ ENDS: _____

CHANGE <input type="checkbox"/> RATE/SALARY <input type="checkbox"/> JOB <input type="checkbox"/> LOCATION	LEAVE OF ABSENCE: FROM _____ TO _____ <input type="checkbox"/> FAMILY LEAVE <input type="checkbox"/> MILITARY <input type="checkbox"/> DISCIPLINARY <input type="checkbox"/> _____ <input type="checkbox"/> VACATION <input type="checkbox"/> LAYOFF <input type="checkbox"/> PERSONAL
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PAY FROM BUDGET LINE # _____

	STATUS	JOB TITLE	DEPARTMENT	SHIFT	RATE/SALARY
JOB AND RATE/SALARY CHANGE	NEW				
	OLD				

TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	LAST DAY WORKED _____	PAY THRU AND INCLUDING _____
HIRE SENIORITY _____	PAID DAYS ACCRUED: <input type="checkbox"/> VACATION _____ <input type="checkbox"/> PERSONAL _____ <input type="checkbox"/> OPTION II _____ <input type="checkbox"/> BANKED _____	DAILY RATE _____ or HOURLY RATE _____

REMARKS	APPROVAL SIGNATURES
	EMPLOYEE _____ DATE _____
	SUPERVISOR _____ DATE _____
	DEPARTMENT HEAD _____ DATE _____
	COUNTY BOARD CHAIRMAN _____ DATE _____