



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME WILLETTE	FIRST NAME WES	EMPLOYEE # W0105	EFFECTIVE DATE 10/18/10
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input checked="" type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS (include work schedule if position is less than full-time): RETURN TO EQUIPMENT OPERATOR POSITION EFFECTIVE OCTOBER 18, 2010. WES WILL REPORT TO THE CLE ELUM MAINTENANCE SHOP. *Survey project complete.*
Wes should maintain same position date since this was a temp resignation @

SECTION 3: POSITION DATA

Enter existing data from payroll system

Enter new data to be input into payroll system

JOB TITLE	SURVEY TECH	EQUIPMENT OPERATOR
OCCUPATION CODE	4673	4641
UNION CODE	60	60
PAY GRADE	473	441
STEP / POSITION	1	1
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS
HIRE DATE	08/01/88	
ADJ HIRE DATE	08/01/88	
POSITION DATE	09/20/10 <i>11/1/07</i>	10/18/10 <i>11/1/07</i>
LAST RAISE DATE		
BASE WAGE	\$19.78 HR	\$19.78 HR
LONGEVITY	\$0.52	\$0.52
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE (Calculate if FTE < 100%)	\$3429	\$3429
PAYMENT METHOD	<input checked="" type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY
DEPARTMENT	PUBLIC WORKS	
BUDGET NUMBER	A. _____ % B. _____ %	A. _____ % B. _____ %
WORKWEEK	<input type="checkbox"/> Standard <input checked="" type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception
ALLOWANCE (Detail in Comments Section)	\$0	\$0
STIPEND (Detail in Comments Section)	\$0	\$0
OTHER (Detail in Comments Section)	\$0	\$0

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>[Signature]</i>	DATE 10/13/10	BUDGET/PAYROLL <i>[Signature]</i>	DATE 10/18/10
HUMAN RESOURCE <i>[Signature]</i>	DATE 10/18/10	COMMISSIONER #1 <i>[Signature]</i>	DATE
COMMISSIONER #2 <i>[Signature]</i>	DATE	COMMISSIONER #3	DATE

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Knutson	FIRST NAME Kasey	EMPLOYEE # k2121	EFFECTIVE DATE 10/1/10
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1)	<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> DISCHARGE (D)	<input type="checkbox"/> PERFORMANCE (P)
<input type="checkbox"/> PART-TIME (2)	<input type="checkbox"/> RE-HIRE	<input type="checkbox"/> RESIGNATION (Q)	<input type="checkbox"/> ATTENDANCE (A)
<input type="checkbox"/> LIMITED PART-TIME (3)	<input checked="" type="checkbox"/> MERIT / STEP	<input type="checkbox"/> RETIRED (R)	<input type="checkbox"/> CONDUCT (C)
<input type="checkbox"/> TEMPORARY (4)	<input type="checkbox"/> POSITION CHANGE (Describe Below)	<input type="checkbox"/> LAID OFF (L)	<input type="checkbox"/> OTHER EMPLOYMENT (E)
<input type="checkbox"/> CASUAL (5)	<input type="checkbox"/> BUDGET CHANGE (Describe Below)	<input type="checkbox"/> FAIL PROBATION (P)	<input type="checkbox"/> PERSONAL (L)
<input type="checkbox"/> SEASONAL (6)	<input type="checkbox"/> LEAVE (List Type Below)	<input type="checkbox"/> OTHER (O)	<input type="checkbox"/> OTHER (O)
<input type="checkbox"/> PROJECT (7)	<input type="checkbox"/> TERMINATION (Provide Separation Info)	<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
<input type="checkbox"/> WORK STUDY (8)	<input type="checkbox"/> OTHER (Describe Below)	Provide Details of Separation Below	
<input type="checkbox"/> VOLUNTEER (9)			

COMMENTS (include work schedule if position is less than full-time): **4.8% increase for annual evaluation**

8 KB

SECTION 3: POSITION DATA

Enter existing data from payroll system

Enter new data to be input into payroll system

JOB TITLE	Health Educator	
OCCUPATION CODE	2433	
UNION CODE	40	
PAY GRADE	233	
STEP / POSITION	8	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS
HIRE DATE	10/1/08	
ADJ HIRE DATE	10/1/08	
POSITION DATE	10/1/08	
LAST RAISE DATE	10/1/09	
BASE WAGE	\$3033	10/1/10 KB \$3172.52 3179.00 KB
LONGEVITY	\$0	\$0
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE (Calculate if FTE < 100%)	\$3033	\$3172.52 3179.00 KB
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY
DEPARTMENT	Public Health	
BUDGET NUMBER	A. 116.612151001 A. 100% B. _____ B. _____ %	A. _____ A. _____ % B. _____ B. _____ %
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception	<input type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception
ALLOWANCE (Detail in Comments Section)	\$0	\$
STIPEND (Detail in Comments Section)	\$0	\$
OTHER (Detail in Comments Section)	\$0	\$

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL Shirley Navone KB	DATE 10/13/10	BUDGET/PAYROLL [Signature]	DATE 10/18/10
HUMAN RESOURCE [Signature]	DATE 10.17.10	COMMISSIONER #1 [Signature]	DATE
COMMISSIONER #2 [Signature]	DATE	COMMISSIONER #3	DATE

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION

Updated: 08/27/07 FOR HR USE: PAF Log _____ NT Update _____ Eval Date **10/1/10** Eval Rating (IE - ID - S - **AA** - S) Initial **KB**



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME JUMP	FIRST NAME Patricia	EMPLOYEE # 12249 KB	EFFECTIVE DATE 10/29/10
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input checked="" type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input checked="" type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input checked="" type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input checked="" type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire Provide Details of Separation Below	

COMMENTS (include work schedule if position is less than full-time): **Resignation Letter attached.**

SECTION 3: POSITION DATA

Enter existing data from payroll system

Enter new data to be input into payroll system

JOB TITLE	Office Assistant	
OCCUPATION CODE	3251	
UNION CODE	20	
PAY GRADE	351	
STEP / POSITION	1	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	
DRS STATUS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS	
HIRE DATE	8/3/2010	
ADJ HIRE DATE	8/3/2010	
POSITION DATE	8/3/2010	
LAST RAISE DATE	—	
BASE WAGE	\$2226	\$
LONGEVITY	\$0	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE (Calculate if FTE < 100%)	\$	\$
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY
DEPARTMENT	Probation Services/Misdemeanant	
BUDGET NUMBER	A. 12751001 A. 100% B. _____ B. _____%	A. _____ A. _____% B. _____ B. _____%
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception	
ALLOWANCE (Detail in Comments Section)	\$0	\$
STIPEND (Detail in Comments Section)	\$0	\$
OTHER (Detail in Comments Section)	\$0	\$

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>KB William D. Holmes</i> HUMAN RESOURCE <i>[Signature]</i> COMMISSIONER #2	DATE 10/14/2010 DATE 10.17.10 DATE	BUDGET/PAYROLL <i>[Signature]</i> COMMISSIONER #1 <i>[Signature]</i> COMMISSIONER #3	DATE 10/18/10 DATE DATE
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RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Hink	FIRST NAME Richard	EMPLOYEE # H2231	EFFECTIVE DATE 10/12/10
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input checked="" type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input checked="" type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input checked="" type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input checked="" type="checkbox"/> OTHER (O)
		<input checked="" type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS (include work schedule if position is less than full-time): **End of Season**


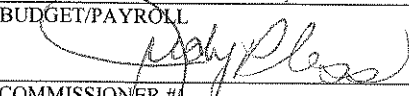
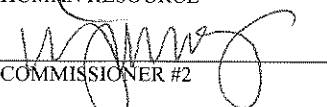
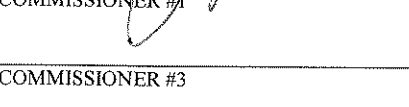


SECTION 3: POSITION DATA

Enter existing data from payroll system

Enter new data to be input into payroll system

JOB TITLE	Seasonal Groundskeeper	Seasonal Groundskeeper
OCCUPATION CODE	4807	4807
UNION CODE	86	86
PAY GRADE	407	407
STEP / POSITION	7	7
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input checked="" type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS	<input checked="" type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS
HIRE DATE	06/10/10	06/10/10
ADJ HIRE DATE	06/10/10	06/10/10
POSITION DATE	06/10/10	06/10/10
LAST RAISE DATE	06/10/10	06/10/10
BASE WAGE	\$10	\$10
LONGEVITY	\$0	\$0
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE (Calculate if FTE < 100%)	\$10	\$10
PAYMENT METHOD	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY
DEPARTMENT	Fair	Fair
BUDGET NUMBER	A. <u>109251003</u> A. _____ % B. _____ B. _____ %	A. <u>109251003</u> A. _____ % B. _____ B. _____ %
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception	<input type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception
ALLOWANCE (Detail in Comments Section)	\$0	\$0
STIPEND (Detail in Comments Section)	\$0	\$0
OTHER (Detail in Comments Section)	\$0	\$0

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL  DATE 10/12/10	BUDGET/PAYROLL  DATE 10/12/10
HUMAN RESOURCE  DATE 10.17.10	COMMISSIONER #1  DATE
COMMISSIONER #2  DATE	COMMISSIONER #3  DATE

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION

Updated: 08/27/07 FOR HR USE: PAF Log _____ NT Update _____ Eval Date _____ Eval Rating (IE - ID - S - AA - S) Initial _____



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Scaife	FIRST NAME Fletcher Fletcher	EMPLOYEE # S 2254	EFFECTIVE DATE 10/7/10
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input type="checkbox"/> FULL-TIME (1)	<input checked="" type="checkbox"/> NEW HIRE	<input type="checkbox"/> DISCHARGE (D)	<input type="checkbox"/> PERFORMANCE (P)
<input type="checkbox"/> PART-TIME (2)	<input type="checkbox"/> RE-HIRE	<input type="checkbox"/> RESIGNATION (Q)	<input type="checkbox"/> ATTENDANCE (A)
<input type="checkbox"/> LIMITED PART-TIME (3)	<input type="checkbox"/> MERIT / STEP	<input type="checkbox"/> RETIRED (R)	<input type="checkbox"/> CONDUCT (C)
<input checked="" type="checkbox"/> TEMPORARY (4)	<input type="checkbox"/> POSITION CHANGE (Describe Below)	<input type="checkbox"/> LAID OFF (L)	<input type="checkbox"/> OTHER EMPLOYMENT (E)
<input type="checkbox"/> CASUAL (5)	<input type="checkbox"/> BUDGET CHANGE (Describe Below)	<input type="checkbox"/> FAIL PROBATION (P)	<input type="checkbox"/> PERSONAL (L)
<input type="checkbox"/> SEASONAL (6)	<input type="checkbox"/> LEAVE (List Type Below)	<input type="checkbox"/> OTHER (O)	<input type="checkbox"/> OTHER (O)
<input type="checkbox"/> PROJECT (7)	<input type="checkbox"/> TERMINATION (Provide Separation Info)		
<input type="checkbox"/> WORK STUDY (8)	<input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> Eligible For Rehire	<input type="checkbox"/> Ineligible For Rehire
<input type="checkbox"/> VOLUNTEER (9)		Provide Details of Separation Below	

COMMENTS (include work schedule if position is less than full-time): **Hired to fill the position of TEMPORARY BUILDING INSPECTOR; position will end on November 30, 2010.**


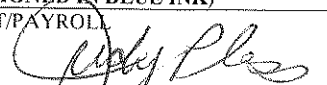

SECTION 3: POSITION DATA

Enter existing data from payroll system

Enter new data to be input into payroll system

JOB TITLE	TEMPORARY SPECIALIST	
OCCUPATION CODE	2849	
UNION CODE	84	
PAY GRADE	249	
STEP / POSITION	6	
FLSA STATUS	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS	<input checked="" type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS
HIRE DATE	10/7/10	
ADJ HIRE DATE	10/7/10	
POSITION DATE	10/7/10	
LAST RAISE DATE		
BASE WAGE	\$	\$19.72
LONGEVITY	\$	\$0
FTE	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE (Calculate if FTE < 100%)	\$	\$19.72
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY	<input checked="" type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY
DEPARTMENT	CDS	
BUDGET NUMBER	A. _____ % B. _____ %	A. 14020151001 100% B. _____ %
WORKWEEK	<input type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception
ALLOWANCE (Detail in Comments Section)	\$	\$0
STIPEND (Detail in Comments Section)	\$	\$0
OTHER (Detail in Comments Section)	\$	\$0

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL 	DATE 10/8/10	BUDGET/PAYROLL 	DATE 10/18/10
HUMAN RESOURCE 	DATE 10.17.10	COMMISSIONER #1	DATE
COMMISSIONER #2	DATE	COMMISSIONER #3	DATE

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME Moore	FIRST NAME Faythe	EMPLOYEE # M2255	EFFECTIVE DATE 10/11/10
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input checked="" type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire Provide Details of Separation Below	

COMMENTS (include work schedule if position is less than full-time): *Faythe has accepted the Tax Collection Deputy position, start date 10/11/10, starting pay level (1) at \$2,226.00.*

SECTION 3: POSITION DATA

Enter existing data from payroll system

Enter new data to be input into payroll system

JOB TITLE	Tax Collection Deputy	
OCCUPATION CODE	3262	
UNION CODE	20	
PAY GRADE	362	
STEP / POSITION	1	
FLSA STATUS	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS
HIRE DATE	10/11/2010	
ADJ HIRE DATE	10/11/2010	
POSITION DATE	10/11/2010	
LAST RAISE DATE		
BASE WAGE	\$	\$2226.00
LONGEVITY	\$	\$ 0
FTE	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE (Calculate if FTE < 100%)	\$	\$ 2226
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY
DEPARTMENT	Treasurer's Office	
BUDGET NUMBER	A. _____ A. _____ % B. _____ B. _____ %	A. 001-3151001 A. _____ % B. _____ B. _____ %
WORKWEEK	<input type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception
ALLOWANCE (Detail in Comments Section)	\$	\$ 0
STIPEND (Detail in Comments Section)	\$	\$ 0
OTHER (Detail in Comments Section)	\$	\$ 0

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>Deanna J. Penaforte</i>	DATE <i>10/11/10</i>	BUDGET/PAYROLL <i>Judy Pless</i>	DATE <i>10/13/10</i>
HUMAN RESOURCE <i>[Signature]</i>	DATE <i>10.17.10</i>	COMMISSIONER #1	DATE
COMMISSIONER #2	DATE	COMMISSIONER #3	DATE

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME PEEBLES	FIRST NAME JACKIE	EMPLOYEE # P2133	EFFECTIVE DATE 10/05/10
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input checked="" type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS (include work schedule if position is less than full-time): Employee on FMLA unknown return date.

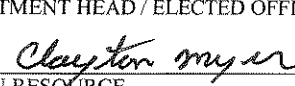
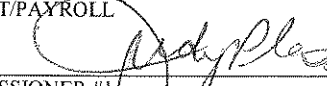
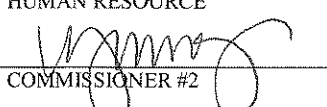
SECTION 3: POSITION DATA

Enter existing data from payroll system

Enter new data to be input into payroll system

JOB TITLE	LAW ENFORCEMENT CLERK	
OCCUPATION CODE	5761	
UNION CODE	72	
PAY GRADE	561	
STEP / POSITION	2	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered
DRS STATUS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS	<input type="checkbox"/> Ineligible <input type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS
HIRE DATE	01/05/2009	
ADJ HIRE DATE	01/05/2009	
POSITION DATE	01/05/2009	
LAST RAISE DATE	01/01/2010	
BASE WAGE	\$2608	\$
LONGEVITY	\$0	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE (Calculate if FTE < 100%)	\$2608	\$
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY
DEPARTMENT	SHERIFF	
BUDGET NUMBER	A. <u>120300151001</u> A. <u>100%</u> B. _____ B. _____%	A. _____ A. _____% B. _____ B. _____%
WORKWEEK	<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception	<input type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception
ALLOWANCE (Detail in Comments Section)	\$0	\$
STIPEND (Detail in Comments Section)	\$0	\$
OTHER (Detail in Comments Section)	\$0	\$

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL 	DATE 10-8-10	BUDGET/PAYROLL 	DATE 10/18/10
HUMAN RESOURCE 	DATE 10.17.10	COMMISSIONER #1	DATE
COMMISSIONER #2	DATE	COMMISSIONER #3	DATE

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION



KITTITAS COUNTY PERSONNEL ACTION FORM (PAF)

SECTION 1: EMPLOYEE DATA

LAST NAME MASSEY	FIRST NAME RACHAEL	EMPLOYEE # M2214	EFFECTIVE DATE 10/01/10
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SECTION 2: TYPE OF ACTION

EMPLOYEE TYPE	EMPLOYEE ACTION	TYPE OF SEPARATION	REASON FOR SEPARATION
<input checked="" type="checkbox"/> FULL-TIME (1) <input type="checkbox"/> PART-TIME (2) <input type="checkbox"/> LIMITED PART-TIME (3) <input type="checkbox"/> TEMPORARY (4) <input type="checkbox"/> CASUAL (5) <input type="checkbox"/> SEASONAL (6) <input type="checkbox"/> PROJECT (7) <input type="checkbox"/> WORK STUDY (8) <input type="checkbox"/> VOLUNTEER (9)	<input type="checkbox"/> NEW HIRE <input type="checkbox"/> RE-HIRE <input type="checkbox"/> MERIT / STEP <input type="checkbox"/> POSITION CHANGE (Describe Below) <input type="checkbox"/> BUDGET CHANGE (Describe Below) <input type="checkbox"/> LEAVE (List Type Below) <input type="checkbox"/> TERMINATION (Provide Separation Info) <input checked="" type="checkbox"/> OTHER (Describe Below)	<input type="checkbox"/> DISCHARGE (D) <input type="checkbox"/> RESIGNATION (Q) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> LAID OFF (L) <input type="checkbox"/> FAIL PROBATION (P) <input type="checkbox"/> OTHER (O)	<input type="checkbox"/> PERFORMANCE (P) <input type="checkbox"/> ATTENDANCE (A) <input type="checkbox"/> CONDUCT (C) <input type="checkbox"/> OTHER EMPLOYMENT (E) <input type="checkbox"/> PERSONAL (L) <input type="checkbox"/> OTHER (O)
		<input type="checkbox"/> Eligible For Rehire <input type="checkbox"/> Ineligible For Rehire	
Provide Details of Separation Below			

COMMENTS (include work schedule if position is less than full-time): Suspension without pay 10-01-2010 end 10-07-2010

*Restart probationary period for one year, effective 10-7-10.
Civil Service discussed on 10-12-10*

SECTION 3: POSITION DATA

Enter existing data from payroll system

Enter new data to be input into payroll system

JOB TITLE	CONTROL ROOM OPERATOR	
OCCUPATION CODE	5725	
UNION CODE	72	
PAY GRADE	525	
STEP / POSITION	1	
FLSA STATUS	<input checked="" type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not Covered	
DRS STATUS	<input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> PERS <input type="checkbox"/> LEOFF <input type="checkbox"/> PSERS	
HIRE DATE	04/12/2010	
ADJ HIRE DATE	04/12/2010	
POSITION DATE	04/12/2010	
LAST RAISE DATE		
BASE WAGE	\$2586	\$
LONGEVITY	\$0	\$
FTE	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 75% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
FTE WAGE (Calculate if FTE < 100%)	\$2586	\$
PAYMENT METHOD	<input type="checkbox"/> HOURLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> DAILY
DEPARTMENT	SHERIFF	
BUDGET NUMBER	A. 00130070251001 A. 100% B. _____ B. _____%	A. _____% B. _____%
WORKWEEK	<input type="checkbox"/> Standard <input type="checkbox"/> Alternate <input checked="" type="checkbox"/> 207(k) exception	<input type="checkbox"/> Standard <input type="checkbox"/> Alternate <input type="checkbox"/> 207(k) exception
ALLOWANCE (Detail in Comments Section)	\$0	\$
STIPEND (Detail in Comments Section)	\$0	\$
OTHER (Detail in Comments Section)	\$0	\$

SECTION 4: SIGNATURES (MUST BE SIGNED IN BLUE INK)

DEPARTMENT HEAD / ELECTED OFFICIAL <i>[Signature]</i> DATE <i>10-24-2010</i>	BUDGET/PAYROLL <i>[Signature]</i> DATE <i>10/4/10</i>
HUMAN RESOURCE <i>[Signature]</i> DATE <i>10-4-10</i>	COMMISSIONER #1 <i>[Signature]</i> DATE
COMMISSIONER #2 <i>[Signature]</i> DATE	COMMISSIONER #3 <i>[Signature]</i> DATE

RETURN FORM TO HUMAN RESOURCES FOR DISTRIBUTION

Updated: 08/27/07 FOR HR USE: PAF Log _____ NT Update _____ Eval Date _____ Eval Rating (IE -- ID -- S -- AA -- S) Initial _____