

**Central Texas Workforce Centers
Personnel Action Form**

Name: _____

<input type="checkbox"/>	New Hire
<input checked="" type="checkbox"/>	Pay Increase
<input type="checkbox"/>	Termination

<input type="checkbox"/>	Current Position	
<input type="checkbox"/>	Current Monthly Salary	\$0
<input type="checkbox"/>	Current Annual Salary	

<input type="checkbox"/>	New Position	
<input type="checkbox"/>	Salary Group	
<input type="checkbox"/>	Salary Class No.	
<input type="checkbox"/>	New Monthly Salary	\$0
<input type="checkbox"/>	New Annual Salary	\$0
<input type="checkbox"/>	Effective Date	

<input type="checkbox"/>	Performance Incentive Rating	
<input type="checkbox"/>	Performance Incentive Pay	\$0
<input type="checkbox"/>	Effective Date	

<input type="checkbox"/>	One Time Merit Increase Payment	
<input type="checkbox"/>	Effective Date	

Requested by:

Jerry Haisler
Director, Central Texas Workforce Centers

Date

Approved:

Jim Reed
Executive Director, CTCOG

Date

% Incr.
#DIV/0!