# NOTICE OF EMPLOYMENT ACTION

**Date of Action:**

**Employee(s) Name:**

**Employee(s) Job Title:**

**Employee(s) Department:**

**Employment Action(s):**
**(check all that apply)**

- ☐ Hire
- ☐ Transfer
- ☐ Grievance
- ☐ Layoff
- ☐ Cross-Training

- ☐ Promotion
- ☐ Performance Evaluation
- ☐ Interim Assignment
- ☐ Recall
- ☐ Other(s) not listed:

- ☐ Demotion
- ☐ Discipline
- ☐ Separation
- ☐ Training

**Assigning Supervisor(s):**[1]

| Name | Title | Department |
|------|-------|------------|
|      |       |            |
|      |       |            |
|      |       |            |
|      |       |            |

**Description of Employment Action:**[2]

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[1] **List every supervisor involved in the Employment Action.**
[2] **Include an explanation of why the Employment Action was necessary.**

With respect to all jobs under the jurisdiction of the Cook County Assessor's Office (CCAO) that are not identified as exempt on the Assessor's Office List of Exempt Positions, as amended and as filed with the court, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of CCAO employment or hiring upon or because of any political reason or factor or knowingly inducing, aiding, abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that, to the best of my knowledge, political reasons or factors did not enter into this Employment Action. By signing below I acknowledge that I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

**Assigning Supervisor:**

Name: _____     Title: _____

Signature: _____     Date: _____

**Participating Supervisor:**

Name: _____     Title: _____

Signature: _____     Date: _____

**Participating Supervisor:**

Name: _____     Title: _____

Signature: _____     Date: _____

**Participating Supervisor:**

Name: _____     Title: _____

Signature: _____     Date: _____

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*Attach all documents supporting the Employment Action.*

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☐ Copy to HR               ☐ Copy to DOC               ☐ Copy to ACA

Last revised:  September 30, 2019