

**NUECES COUNTY
PERSONNEL ACTION REQUEST**

Please complete applicable items in Part A, sign appropriate block in Part B.

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|--|--|---|-------------------|--|--------------------------|--|
| PART A | | Dept. Name: Health District <i>Nurse-Family Prtnrshp</i> | | | Effective Date: 03/15/13 | |
| Position | Current | Proposed | Payroll | Current | Proposed | |
| Department Number | 2532 | | Bi-Weekly Rate | 2,783.73 | | |
| | | | Hourly Rate | 32.12 | | |
| Job Class Number | 3227 | | Special Pay | | | |
| | | | State Pay | | | |
| Job Title | Public Health Manager | | Car Allowance | | | |
| | | | Long/Sr Pay | | | |
| Sched / Pay Group / Step | H56/03 | | Certification Pay | | | |
| | | | CTO/FTO Pay | | | |
| FLSA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt | Civil Service: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded | Hours Per Week: _____ Date Vacant: _____ Date Unfrozen: _____ Former Occupant: _____ | | Final Benefits Payout (Auditor's use only) hrs. vacation credit \$ _____ hrs. comp-time \$ _____ hrs. sick leave \$ _____ Total Benefits Payout \$ _____ | | |
| Employment Status: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | Job Category: <input type="checkbox"/> Clerical <input checked="" type="checkbox"/> Non-Clerical <input type="checkbox"/> Law Enforcement | | | | | |

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|--|--|--|---|
| ACTION(S) REQUESTED | | Outgoing Data | Other |
| Incoming Data | | <input type="checkbox"/> Leave | <input checked="" type="checkbox"/> Unfreeze Position - Complete Part E |
| <input type="checkbox"/> Appointment - Complete Part C | | <input type="checkbox"/> With Pay | <input type="checkbox"/> Change Home Address |
| <input type="checkbox"/> Demotion | | <input type="checkbox"/> Without Pay | <input type="checkbox"/> Change Home Phone Number |
| <input type="checkbox"/> Promotion | | <input type="checkbox"/> FMLA Qualifying | <input type="checkbox"/> Change Name (Attach copy of SSN card) |
| <input type="checkbox"/> Reassignment | | <input type="checkbox"/> Military | <input type="checkbox"/> Desk Audit |
| <input type="checkbox"/> Reinstatement | | <input type="checkbox"/> Suspension | <input type="checkbox"/> Performance Review |
| <input type="checkbox"/> Returning from Suspension | | <input type="checkbox"/> With Pay | <input type="checkbox"/> Probationary Status Completed |
| <input type="checkbox"/> With Pay | | <input type="checkbox"/> Without Pay | <input type="checkbox"/> Reclassification |
| <input type="checkbox"/> Without Pay | | <input type="checkbox"/> Transfer out to Dept _____ | <input type="checkbox"/> Salary Adjustment |
| <input type="checkbox"/> Returning from Leave | | <input type="checkbox"/> Workers Comp-Begin | <input type="checkbox"/> TCLEOSE Certification |
| <input type="checkbox"/> With pay | | Separation Data - see Part D | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Without pay | | <input type="checkbox"/> Resignation With Notice | |
| <input type="checkbox"/> Military | | <input checked="" type="checkbox"/> Resignation Without Notice | |
| <input type="checkbox"/> Temporary Employment | | <input type="checkbox"/> Retirement | |
| Extension # _____ | | <input type="checkbox"/> RIF (Reduction in Force) | |
| <input type="checkbox"/> Transfer in from Dept _____ | | <input type="checkbox"/> Temporary Work Completed | |
| <input type="checkbox"/> Workers Comp-Return | | <input type="checkbox"/> Termination-Involuntary | |
| | | <input type="checkbox"/> Termination-Probationary Period | |

COMMENTS: RESIGNATION WITHOUT NOTICE 3/15/13
vac unfor for req
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|---------------|------------------------|---|------------------|
| PART B | Employee Number: 10522 | Name (Last, First, MI): Traylor, Kimberly | SSN: XXX-XX-1598 |
|---------------|------------------------|---|------------------|

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|----------------------|----------------------------|-------------------|---------------------|
| Employee Signature: | Date: | | |
| APPOINTING AUTHORITY | HUMAN RESOURCES DEPARTMENT | COUNTY AUDITOR | COMMISSIONERS COURT |
| <i>A. Kelly</i> | <i>Julie G...</i> | 10:50 AM 03/15/13 | |
| Date: 3-11-13 | Date: MAR 15 2013 | Date: | Date: |

NUECES COUNTY PERSONNEL ACTION REQUEST

Please complete applicable items in Part A, sign appropriate block in Part B.

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|--------------------------|-----------------------------|---------------------------------------|--------------------|-----------------|-----------------------------------|--|
| PART A | | Dept. Name: Juvenile Probation | | | Effective Date: 02/23/2013 | |
| Position | Current | Proposed | Payroll | Current | Proposed | |
| Department Number | 3480 | | Pay Period Rate | 1,036.00 | | |
| | | | Hourly Rate | 12.95 | | |
| | | | Longevity | | | |
| Job Class Number | 0127 | | Special Pay | | | |
| | | | State Pay | | | |
| | | | Car Allowance | | | |
| Job Title | Accounting Assistant | | LE Long/Sr Pay | | | |
| | | | Peace Off Cert Pay | | | |
| | | | Corr Off Cert Pay | | | |
| Sched / Pay Group / Step | 16/01 | | LE CTO | | | |
| | | | LE FTO | | | |
| | | | LE JET | | | |

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| FLSA: <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt | Civil Service: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded | Hours Per Week: _____ Date Vacant: _____ Date Unfrozen: _____ Former Occupant: _____ | Final Benefits Payout (Auditor's use only) _____ hrs. vacation credit \$ _____ _____ hrs. comp-time \$ _____ _____ hrs. sick leave \$ _____ Total Benefits Payout \$ _____ |
| Employment Status: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | Job Category: <input type="checkbox"/> Clerical <input checked="" type="checkbox"/> Non-Clerical <input type="checkbox"/> Law Enforcement | | |

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|---|---|---|---|
| ACTION(S) REQUESTED Incoming Data <input type="checkbox"/> Appointment - Complete Part C <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Returning from Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Returning from Leave <input type="checkbox"/> With pay <input type="checkbox"/> Without pay <input type="checkbox"/> Military <input type="checkbox"/> Temporary Employment Extension # _____ <input type="checkbox"/> Transfer in from Dept <input type="checkbox"/> Workers Comp-Return | Outgoing Data <input type="checkbox"/> Leave <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> FMLA Qualifying <input type="checkbox"/> Military <input type="checkbox"/> Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input checked="" type="checkbox"/> Transfer out to Dept <u>1250</u> <input type="checkbox"/> Workers Comp-Begin | Separation Data - see Part D <input type="checkbox"/> Resignation With Notice <input type="checkbox"/> Resignation Without Notice <input type="checkbox"/> Retirement <input type="checkbox"/> RIF (Reduction in Force) <input type="checkbox"/> Temporary Work Completed <input type="checkbox"/> Termination-Involuntary <input type="checkbox"/> Termination-Probationary Period | Other <input checked="" type="checkbox"/> Unfreeze Position - Complete Part E <input type="checkbox"/> Change Home Address <input type="checkbox"/> Change Home Phone Number <input type="checkbox"/> Change Name (Attach copy of SSN card) <input type="checkbox"/> Desk Audit <input type="checkbox"/> Performance Review <input type="checkbox"/> Probationary Status Completed <input type="checkbox"/> Reclassification <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> TCLEOSE Certification <input type="checkbox"/> Other: _____ |
|---|---|---|---|

COMMENTS: val unfor for req
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|---|---|---|-------------------------|
| PART B | Employee Number: 10428 | Name (Last, First, MI): Stewart, Michelle Y. | SSN: XXX-XX-5691 |
| Employee Signature: <i>Michelle Stewart</i> | Date: 2-21-2013 | | |
| APPOINTING AUTHORITY <i>[Signature]</i> | HUMAN RESOURCES DEPARTMENT <i>[Signature]</i> RECEIVED | COUNTY AUDITOR | COMMISSIONERS COURT |
| Date: 2/21/2013 | Date: FEB 22 2013 | Date: FEB 25 PM 3:38 | Date: |

NUECES COUNTY PERSONNEL ACTION REQUEST

WALK-THRU

Please complete applicable items in Part A, sign appropriate block in Part B.

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|--------------------------|-----------------------------------|-----------------------------------|--------------------|----------|----------|
| PART A | Dept. Name: SHERIFF - JAIL | Effective Date: 03/02/2013 | | | |
| Position | Current | Proposed | | | |
| Department Number | 3710 | 3720 | | | |
| Job Class Number | 1562 | 0188 | Pay Period Rate | \$900.00 | \$987.20 |
| | | | Hourly Rate | \$11.25 | \$12.34 |
| | | | Longevity | | |
| Job Title | ID CLERK | SENIOR CLERK II | Special Pay | | |
| | | | State Pay | | |
| | | | Car Allowance | | |
| Sched / Pay Group / Step | 13/01 | 15/01 | LE Long/Sr Pay | | |
| | | | Peace Off Cert Pay | | |
| | | | Corr Off Cert Pay | | |
| | | | LE CTO | | |
| | | | LE FTO | | |
| | | | LE JET | | |

| | | | |
|---|---|--|---|
| FLSA: <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt | Civil Service: <input checked="" type="checkbox"/> Included <input type="checkbox"/> Excluded | Hours Per Week: <u>40 HOURS</u> Date Vacant: <u>01/04/2013</u> Date Unfrozen: <u>02/13/2013</u> Former Occupant: <u>REGINA B. MIDGETT</u> | Final Benefits Payout (Auditor's use only) _____ hrs. vacation credit \$ _____ _____ hrs. comp-time \$ _____ _____ hrs. sick leave \$ _____ Total Benefits Payout \$ _____ |
| Employment Status: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | Job Category: <input checked="" type="checkbox"/> Clerical <input type="checkbox"/> Non-Clerical <input type="checkbox"/> Law Enforcement | | |

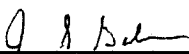


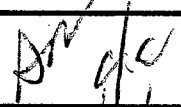
| | | | |
|---|--|---|---|
| ACTION(S) REQUESTED Incoming Data <input type="checkbox"/> Appointment - Complete Part C <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Returning from Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Returning from Leave <input type="checkbox"/> With pay <input type="checkbox"/> Without pay <input type="checkbox"/> Military <input type="checkbox"/> Temporary Employment Extension # _____ <input checked="" type="checkbox"/> Transfer in from Dept #3710 <input type="checkbox"/> Workers Comp- Return | Outgoing Data <input type="checkbox"/> Leave <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> FMLA Qualifying <input type="checkbox"/> Military <input type="checkbox"/> Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input checked="" type="checkbox"/> Transfer out to Dept #3720 <input type="checkbox"/> Workers Comp- Begin | Separation Data - see Part D <input type="checkbox"/> Resignation With Notice <input type="checkbox"/> Resignation Without Notice <input type="checkbox"/> Retirement <input type="checkbox"/> RIF (Reduction in Force) <input type="checkbox"/> Temporary Work Completed <input type="checkbox"/> Termination- Involuntary <input type="checkbox"/> Termination- Probationary Period | Other <input checked="" type="checkbox"/> Unfreeze Position - Complete Part E <input type="checkbox"/> Change Home Address <input type="checkbox"/> Change Home Phone Number <input type="checkbox"/> Change Name (Attach copy of SSN card) <input type="checkbox"/> Desk Audit <input type="checkbox"/> Performance Review <input type="checkbox"/> Probationary Status Completed <input type="checkbox"/> Reclassification <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> TCLEOSE Certification <input type="checkbox"/> Other: _____ |
|---|--|---|---|

COMMENTS: EFFECTIVE: 03/02/2013 **PER RULES** val unfro for req 5 3 2 2

BASE ENTRY DATE: TRANSFER EMPLOYEE FROM DEPT #3710 (ID CLERK) TO DEPT #3720 (SENIOR CLERK II)

| | | | |
|---------------|-------------------------------|---|-------------------------|
| PART B | Employee Number: 10219 | Name (Last, First, MI): SCALES, MACEL A. | SSN: XXX-XX-9718 |
|---------------|-------------------------------|---|-------------------------|

Employee Signature: **UNAVAILABLE FOR SIGNATURE** Date: **02/28/2013**

| | | | |
|--|--|---|---|
| APPOINTING AUTHORITY  Date: 02/28/2013 | HUMAN RESOURCES DEPARTMENT  RECEIVED Date: FEB 28 2013 | COUNTY AUDITOR  Date: _____ | COMMISSIONERS COURT  Date: 3/3/13 |
|--|--|---|---|

NUECES COUNTY PERSONNEL ACTION REQUEST

*WALK-
-MAY*

Please complete applicable items in Part A, sign appropriate block in Part B.

| | | | | | |
|--------------------------|-----------------------------------|-----------------------------------|--------------------|----------------|-----------------|
| PART A | Dept. Name: SHERIFF - JAIL | Effective Date: 03/02/2013 | | | |
| Position | Current | Proposed | Payroll | Current | Proposed |
| Department Number | 3710 | 3720 | Pay Period Rate | \$900.00 | \$987.20 |
| | | | Hourly Rate | \$11.25 | \$12.34 |
| | | | Longevity | | |
| Job Class Number | 1562 | 0188 | Special Pay | | |
| | | | State Pay | | |
| | | | Car Allowance | | |
| Job Title | ID CLERK | SENIOR CLERK II | LE Long/Sr Pay | | |
| | | | Peace Off Cert Pay | | |
| | | | Corr Off Cert Pay | | |
| Sched / Pay Group / Step | 13/01 | 15/01 | LE CTO | | |
| | | | LE FTO | | |
| | | | LE JET | | |

| | | | |
|---|---|--|---|
| FLSA: <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt | Civil Service: <input checked="" type="checkbox"/> Included <input type="checkbox"/> Excluded | Hours Per Week: <u>40 HOURS</u> Date Vacant: <u>12/07/2012</u> Date Unfrozen: <u>01/16/2013</u> Former Occupant: <u>NEEKA N. STEPHENS</u> | Final Benefits Payout (Auditor's use only) _____ hrs. vacation credit \$ _____ _____ hrs. comp-time \$ _____ _____ hrs. sick leave \$ _____ Total Benefits Payout \$ _____ |
| Employment Status: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | Job Category: <input checked="" type="checkbox"/> Clerical <input type="checkbox"/> Non-Clerical <input type="checkbox"/> Law Enforcement | | |

| | | | |
|---|--|---|---|
| ACTION(S) REQUESTED Incoming Data <input type="checkbox"/> Appointment - Complete Part C <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Returning from Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Returning from Leave <input type="checkbox"/> With pay <input type="checkbox"/> Without pay <input type="checkbox"/> Military <input type="checkbox"/> Temporary Employment Extension # _____ <input checked="" type="checkbox"/> Transfer in from Dept #3710 <input type="checkbox"/> Workers Comp- Return | Outgoing Data <input type="checkbox"/> Leave <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> FMLA Qualifying <input type="checkbox"/> Military <input type="checkbox"/> Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input checked="" type="checkbox"/> Transfer out to Dept #3720 <input type="checkbox"/> Workers Comp- Begin | Separation Data - see Part D <input type="checkbox"/> Resignation With Notice <input type="checkbox"/> Resignation Without Notice <input type="checkbox"/> Retirement <input type="checkbox"/> RIF (Reduction in Force) <input type="checkbox"/> Temporary Work Completed <input type="checkbox"/> Termination- Involuntary <input type="checkbox"/> Termination- Probationary Period | Other <input checked="" type="checkbox"/> Unfreeze Position - Complete Part E <input type="checkbox"/> Change Home Address <input type="checkbox"/> Change Home Phone Number <input type="checkbox"/> Change Name (Attach copy of SSN card) <input type="checkbox"/> Desk Audit <input type="checkbox"/> Performance Review <input type="checkbox"/> Probationary Status Completed <input type="checkbox"/> Reclassification <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> TCLEOSE Certification <input type="checkbox"/> Other: _____ |
|---|--|---|---|

COMMENTS: EFFECTIVE: 03/02/2013 PER RULES

TRANSFER EMPLOYEE FROM DEPT #3710 (ID CLERK) TO DEPT #3720 (SENIOR CLERK II)

BASE ENTRY DATE: _____

| | | | |
|-------------------------|----------------------------------|--|-------------------------|
| PART B | Employee Number: 10535 | Name (Last, First, MI): REYNA, SYLVIA | SSN: XXX-XX-8488 |
| Employee Signature: | UNAVAILABLE FOR SIGNATURE | | Date: 02/28/2013 |
| APPOINTING AUTHORITY | HUMAN RESOURCES DEPARTMENT | COUNTY AUDITOR | COMMISSIONERS COURT |
| <i>J. S. ...</i> | <i>Julie Guera</i> | <i>[Signature]</i> | <i>[Signature]</i> |
| Date: 02/28/2013 | Date: FEB 28 2013 | Date: _____ | Date: 3/3/13 |

NUECES COUNTY PERSONNEL ACTION REQUEST

Please complete applicable items in Part A, sign appropriate block in Part B.

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|--------------------------|----------------|---|--------------------|----------------|--------------------------------|--|
| PART A | | Dept. Name: <u>Nueces County Constable Pct. 5</u> | | | Effective Date: <u>3/15/13</u> | |
| Position | Current | Proposed | Payroll | Current | Proposed | |
| Department Number | 3850 | | Pay Period Rate | 1,374.28 | | |
| ExecuTime Division | | | Hourly Rate | 15.98 | | |
| Job Class Number | 1708 | | Longevity | | | |
| Job Title | Sgt. Constable | | Special Pay | | | |
| | | | State Pay | | | |
| | | | Car Allowance | | | |
| Sched / Pay Group / Step | 03/05 | | LE Long/Sr Pay | 92.31 | | |
| | | | Peace Off Cert Pay | 57.69 | | |
| | | | Corr Off Cert Pay | | | |
| | | | LE CTO | | | |
| | | | LE FTO | | | |
| | | | LE JET | | | |

| | | |
|---|---|--|
| FLSA: <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt | Civil Service: <input type="checkbox"/> Included <input type="checkbox"/> Excluded | Hours Per Week: <u>43.5</u> Date Vacant: <u>03/15/2013</u> Date Unfrozen: _____ Former Occupant: _____ |
| Employment Status: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | Job Category: <input type="checkbox"/> Clerical <input type="checkbox"/> Non-Clerical <input checked="" type="checkbox"/> Law Enforcement | Final Benefits Payout (Auditor's use only) _____ hrs. vacation credit \$ _____ _____ hrs. comp-time \$ _____ _____ hrs. sick leave \$ _____ Total Benefits Payout \$ _____ |

| | | | |
|---|---|---|---|
| ACTION(S) REQUESTED Incoming Data <input type="checkbox"/> Appointment - Complete Part C <input type="checkbox"/> Demotion <input type="checkbox"/> Promotion <input type="checkbox"/> Reassignment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Returning from Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Returning from Leave <input type="checkbox"/> With pay <input type="checkbox"/> Without pay <input type="checkbox"/> Military <input type="checkbox"/> Temporary Employment Extension # _____ <input type="checkbox"/> Transfer in from Dept _____ <input type="checkbox"/> Workers Comp-Return | Outgoing Data <input type="checkbox"/> Leave <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> FMLA Qualifying <input type="checkbox"/> Military <input type="checkbox"/> Suspension <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input checked="" type="checkbox"/> Transfer out to Dept <u>3830</u> <input type="checkbox"/> Workers Comp-Begin | Separation Data - see Part D <input type="checkbox"/> Resignation With Notice <input type="checkbox"/> Resignation Without Notice <input type="checkbox"/> Retirement <input type="checkbox"/> RIF (Reduction in Force) <input type="checkbox"/> Temporary Work Completed <input type="checkbox"/> Termination-Involuntary <input type="checkbox"/> Termination-Probationary Period | Other <input checked="" type="checkbox"/> Unfreeze Position - Complete Part E <input type="checkbox"/> Change Home Address <input type="checkbox"/> Change Home Phone Number <input type="checkbox"/> Change Name (Attach copy of SSN card) <input type="checkbox"/> Desk Audit <input type="checkbox"/> Performance Review <input type="checkbox"/> Probationary Status Completed <input type="checkbox"/> Reclassification <input type="checkbox"/> Salary Adjustment <input type="checkbox"/> TCLEOSE Certification <input type="checkbox"/> Other: _____ |
|---|---|---|---|

COMMENTS: Resignation with notice/ Transfer to Constable Pct. 5 IP - INTERNAL POSTING
vac until for reg OK JB

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|---------------|-------------------------------|---|--------------------------|
| PART B | Employee Number: <u>05169</u> | Name (Last, First, MI): <u>Mendoza, Oscar Jr,</u> | SSN: <u>XXX-XX- 6225</u> |
|---------------|-------------------------------|---|--------------------------|

Employee Signature: _____ Date: _____

| | | | |
|-------------------------|-------------------------------|-------------------|------------------------|
| APPOINTING AUTHORITY | HUMAN RESOURCES DEPARTMENT | COUNTY AUDITOR | COMMISSIONERS COURT |
| | RECEIVED | | |
| Date: <u>03/12/2013</u> | Date: <u>MAR 14 2013</u> | Date: _____ | Date: _____ |