

Cumberland County Personnel Action Request (SP-1)
(Attach request justification to separate page)

Dept _____ Dept Head Signature _____ Date _____

Check Box Indicating Action Sought:

- | | | |
|---|--|---|
| <input type="checkbox"/> New Position | <input type="checkbox"/> Salary Change | <input type="checkbox"/> Department Transfer |
| <input type="checkbox"/> Refill Vacancy | <input type="checkbox"/> Title Change | <input type="checkbox"/> Change in Hours per Week |

Complete All Appropriate Blanks:

Employee Name _____ Requested Effective Date _____

Current Title _____ Proposed Title _____

Current Salary _____ Proposed Salary _____ Requested Effective Date _____

Current Hours Per Week _____ Proposed Hours Per Week _____

Employee Being Succeeded _____ Termination Date _____

Transfer to Department _____ Transfer from Department _____

Driving required for county business? Yes No Typing examination required? Yes No

Appointed from a civil service list? Yes No

Check Appointment Type:

- Appointed Elected Permanent Interim Provisional Temporary

Check Appropriate Union Affiliation:

- | | | | | | | |
|--|---------------------------------------|--|---|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Non-union | <input type="checkbox"/> ASAP | <input type="checkbox"/> CWA (1036 Prosecutor) | <input type="checkbox"/> CWA (1036M) | | | |
| <input type="checkbox"/> FOP (194) | <input type="checkbox"/> PBA (203) | <input type="checkbox"/> PBA (231) | <input type="checkbox"/> PBA (299) | <input type="checkbox"/> PBA (299S SOA) | <input type="checkbox"/> PBA (396) | <input type="checkbox"/> PBA (396S) |
| <input type="checkbox"/> UAW (Library) | <input type="checkbox"/> UAW (Health) | <input type="checkbox"/> UAW (OET) | <input type="checkbox"/> UAW (Wall to Wall) | <input type="checkbox"/> UPSEU (Prosecutor) | | |

Approval Signatures: *(Note: There are 3 Civil Service Appointing Authorities: the County, Sheriff and Library)*

Appointing Authority: _____ Approved Not Approved Date: _____

Budget Account Number: _____

Chief Financial Officer: _____ Approved Not Approved Date: _____

Freeholder Liaison: _____ Approved Not Approved Date: _____

County Administrator: _____ Approved Not Approved Date: _____

Freeholder Director: _____ Approved Not Approved Date: _____

For Personnel Use Only:

Date SP-1 Received: _____

Date SP-1 Logged In: _____

Date SP-1 Returned With Signatures _____