

EMPLOYEE TRANSACTION/CHANGE REPORT

PURPOSE: <input type="checkbox"/> NEW APPOINTMENT TO COUNTY SERVICE <input type="checkbox"/> TRANSFER <input type="checkbox"/> SEASONAL RETURN <input type="checkbox"/> CHANGE IN CLASSIFICATION/APPOINTMENT <input type="checkbox"/> TERMINATION <input type="checkbox"/> SALARY <input type="checkbox"/> RETURN FROM LEAVE OF ABSENCE <input type="checkbox"/> BEGIN LEAVE OF ABSENCE <input type="checkbox"/> EXTEND LEAVE OF ABSENCE	REASON CODE (JHCH) (LREA) (TRMS)
NAME (First) _____ (Middle) _____ (Last) _____	EFFECTIVE DATE (JDTE) _____

CERIDIAN ID # _____	ORG UNIT (DEPT) _____	TRANSFER FROM _____	FIRMS CODING (JOBT) _____	NORMAL WORK WEEK (NORM) _____	
TITLE CODE (TITL) _____	UNDERFILL POSN (UFIL) _____	PAY RANGE (PARN) _____	ECP POINTS (ECPT) _____	RATE STEP (RTST) _____	HOURLY RATE (RATE) _____
APPOINTMENT TYPE (APTP) _____	POSITION (POSN) _____	POSITION TITLE _____			

LEAVE OF ABSENCE

<input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY	ACCEPTING OTHER MILWAUKEE COUNTY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ORG UNIT _____	LEAVE OF ABSENCE DATES FROM (LOAB): _____ TO (LOAR): _____
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YOU ARE HEREBY NOTIFIED THAT YOUR FAILURE TO RETURN FROM THE LEAVE OF ABSENCE UPON ITS EXPIRATION IS GROUNDS FOR DISCHARGE FROM COUNTY SERVICE. YOU ARE ALSO AWARE THAT A LEAVE OF ABSENCE WITHOUT PAY MAY CAUSE THE POSTPONEMENT OF YOUR NEXT YEAR'S VACATION AND/OR YOUR NEXT SALARY INCREMENT, IF ANY IS DUE.

LEAVE OF ABSENCE
 EMPLOYEE SIGNATURE _____ DATE _____

RESIGNATION

I, THE UNDERSIGNED, OF MY OWN FREE WILL, HEREBY RESIGN FROM THE POSITION INDICATED ABOVE THE SERVICE OF MILWAUKEE COUNTY. MY LAST DAY OF WORK OR PAID LEAVE WILL BE _____ (WKDY)

RESIGNATION
 EMPLOYEE SIGNATURE _____ DATE _____

ORGANIZATION APPROVALS

DIVISION HEAD
 SIGNATURE _____ DATE _____

DEPARTMENT HEAD / APPOINTING AUTHORITY
 SIGNATURE _____ DATE _____

ATTACHMENTS

RETIREMENT SYSTEM ENROLLMENT I-9 FORM ETHNIC SURVEY NONE

NOTE: 1 FORWARD TO DEPARTMENT OF HUMAN RESOURCES (ROOM 210 COURTHOUSE)
 2 COPY - DEPARTMENTAL FILE
 3 COPY - EMPLOYEE