



Employee Change Notice Short Form

Company: ☐ BCC ☐ CMP

Division:

Name and ID

Employee ID:	First Name:	Middle Name:	Last Name: (Ex: Ramirez-Montez, Jr)
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Job Information

Effective Date: (MM/DD/YY)	Effective Sequence:	Action:	Reason for Action:			
	Effective Sequence:	Action:	Reason for Action:			
	Effective Sequence:	Action:	Reason for Action:			
Position Number:	Department ID:	Job Code:	Job Title :			
Employee Status: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	Time Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Std Hours:	Pay Group ID:	Salary Admin Plan:	Grade:	Step:
Comp/Hourly Rate:	Next Review Date: (MM/DD/YY)	Service Date: (MM/DD/YY)	FRS Code:	Check Sort:		

Reports To

Position #:	EEID #:	Name:
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CORR Union Dates (MM/DD/YY)

Union Code:	Certification Date:	Class Seniority Date:	Longevity Date:	Selection Date:
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IAFF Union Dates

1. Fire Date		5. Lieutenant Promotion Date	
2. Fire Longevity Date		6. Captain Promotion Date	
3. Firefighter Promotion Date		7. Fire Seniority Date	
4. Engineer Promotion Date			

Licenses and Certifications

License/Certification Type: (Attach Copy)	<input type="checkbox"/> CDL-A	<input type="checkbox"/> CDL-B	<input type="checkbox"/> CDL-C	<input type="checkbox"/> Driver's License-D	<input type="checkbox"/> Driver's License-E	<input type="checkbox"/> State ID Card
	<input type="checkbox"/> EMT	<input type="checkbox"/> Firefighter	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Correctional Officer	<input type="checkbox"/> Other – (Use Comments below)	
Issue Date: (MM/DD/YY)	License Number:	State Issued:	Expiration Date: (MM/DD/YY)			

General Comments:

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ECN form Completed by: Human Resources (or designee)

Date: _____

Processed by: Human Resources

Date: _____

Approved by: Division Manager (or designee)

Date: _____

Approved by: County Administrator (or designee)

Date: _____



R008 - ECN