

Agenda Summary Report (ASR)

Franklin County Board of Commissioners

DATE SUBMITTED: 12/6/2023	PREPARED BY: Shawn P. Sant, Prosecutor
Meeting Date Requested: 12/13/2022	PRESENTED BY: Shawn Sant
ITEM: (Select One) Consent Agenda <input checked="" type="checkbox"/> Brought Before the Board Time needed: 10 minutes	
SUBJECT: STEP INCREASES OF TWO STEPS FOR 13 SUPPORT STAFF	
FISCAL IMPACT: none, we have funds in our budget	
BACKGROUND: The Prosecutor's office has the similar issue as the Clerk's office: low salary for level of responsibility, skill, competency and liability to the County. Currently we have one open position and no qualified applicants. To ensure retention of current staff and ability to fill open positions, is to move each support staff up two steps for those that have that movement available and for those that do not, move them to the next Grade at the appropriate step preserving fairness for all 13 positions.	
RECOMMENDATION: Respectfully request approval of the resolution as presented.	
COORDINATION: HR This matter is to keep internal fairness within county departments.	
ATTACHMENTS: <ul style="list-style-type: none">• Personnel Action Forms to move each person up two steps•	
HANDLING / ROUTING: <ul style="list-style-type: none">• Shawn Sant, Franklin County Prosecuting Attorney• Payroll and HR	

I certify the above information is accurate and complete.

Shawn Sant, Franklin County Prosecuting Attorney

FRANKLIN COUNTY RESOLUTION _____

BEFORE THE BOARD OF COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON

APPROVAL OF SUPPORT STAFF MOVEMENT OF TWO STEPS

WHEREAS, the County Prosecutor desires to move his Support Staff employees up two steps on the Courthouse 2022-2024 Collective Bargaining Group Agreement – Appendix A – Salary Matrix, preserving fairness for all 13 positions and consistency throughout the courthouse.

WHEREAS, the Board of Franklin County Commissioners constitutes the legislative authority for Franklin County and desires to approve this resolution.

NOW, THEREFORE, BE IT RESOLVED the Franklin County Commissioners constitutes the legislative authority for Franklin County and desires to approve this resolution.

APPROVED this _____ day of _____, 2022.

BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON

Chair

Chair Pro Tem

Member

ATTEST:

Clerk to the Board



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Maria Mendoza

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
 Please select at least one from each column below

Job Title:	Legal Secretary III
Department Title:	Prosecutor's Office
Department ID #:	101480
Grade/Step: (If N/A, enter Salary or Hourly rate)	14/6
Resolution #: (If Applicable)	

Employment Type	Schedule
<input checked="" type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> 7.5 Hours/Day
<input type="checkbox"/> Part-Time	<input type="checkbox"/> 8 Hours/Day
<input type="checkbox"/> Seasonal/ Temporary	<input type="checkbox"/> Public Safety
# of Months: _____ (Maximum 120 Working Days)	<input type="checkbox"/> Flex
<input type="checkbox"/> Variable/ On-call	<input type="checkbox"/> Hourly
<input type="checkbox"/> Provisional	# Hours/Day: _____
	# Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____

Leave hours to Pay Out:

☐ Yes* ☐ No

* Please submit payout form to HR
 following employee's last date physically worked

☒ Voluntary Termination
☐ Involuntary Termination

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking) ☐ Paid
☐ Military (Report hours used to HR for tracking) ☐ Unpaid
☐ Administrative
☐ Other (Please Specify): _____

Authorization/Approval Signatures

Commissioner (If Applicable)	X	_____/_____/20__
Elected Official/Department Head	X	_____/_____/20__
Supervisor (If Applicable)	X	_____/_____/20__
Human Resources	X	_____/_____/20__

For Human Resources Use Only:

☐ Original Document- HR ☐ Electronic Copy- Payroll ☐ Electronic Copy- EO/Dept. Head ☐ Salary Matrix Wage Verification - Matrix Resolution #: _____
☐ Entered into One Solution - PCN #: _____ Term Cd 2: _____ ☐ Entered into Benefits Admin System
☐ HR Audit _____

Revised 12/2021



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Ceara Clover

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
Please select at least one from each column below

Job Title:	Legal Secretary III
Department Title:	Prosecutor's Office
Department ID #:	101480
Grade/Step: <small>(If N/A, enter Salary or Hourly rate)</small>	13/6
Resolution #: <small>(If Applicable)</small>	

Employment Type

☒ Full-Time
☐ Part-Time
☐ Seasonal/ Temporary
of Months: _____
(Maximum 120 Working Days)
☐ Variable/ On-call
☐ Provisional

Schedule

☒ 7.5 Hours/Day
☐ 8 Hours/Day
☐ Public Safety
☐ Flex
☐ Hourly
Hours/Day: _____
Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____
Leave hours to Pay Out?
☐ Yes* ☐ No

☒ Voluntary Termination
☐ Involuntary Termination

* Please submit payout form to HR
following employee's last date physically worked

Leave:

Last Date Physically Worked: _____
Leave Begin Date: _____
Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking) ☐ Paid
☐ Military (Report hours used to HR for tracking) ☐ Unpaid
☐ Administrative
☐ Other (Please Specify): _____

Authorization/Approval Signatures

Commissioner (If Applicable)	X	_____/_____/20__
Elected Official/Department Head	X	_____/_____/20__
Supervisor (If Applicable)	X	_____/_____/20__
Human Resources	X	_____/_____/20__

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☐ HR Audit _____

Revised 12/2021



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Amy Finke

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
 Please select at least one from each column below

Job Title:	Legal Secretary III
Department Title:	Prosecutor's Office
Department ID #:	101480
Grade/Step: (If N/A, enter Salary or Hourly rate)	14/6
Resolution #: (If Applicable)	

Employment Type	Schedule
<input checked="" type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> 7.5 Hours/Day
<input type="checkbox"/> Part-Time	<input type="checkbox"/> 8 Hours/Day
<input type="checkbox"/> Seasonal/ Temporary	<input type="checkbox"/> Public Safety
# of Months: _____ (Maximum 120 Working Days)	<input type="checkbox"/> Flex
<input type="checkbox"/> Variable/ On-call	<input type="checkbox"/> Hourly
<input type="checkbox"/> Provisional	# Hours/Day: _____
	# Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____

Leave hours to Pay Out:

☐ Yes* ☐ No

* Please submit payout form to HR
 following employee's last date physically worked

☒ Voluntary Termination
☐ Involuntary Termination

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking) ☐ Paid
☐ Military (Report hours used to HR for tracking) ☐ Unpaid
☐ Administrative
☐ Other (Please Specify): _____

Authorization/Approval Signatures

Commissioner (If Applicable)

X

_____/_____/20__

Elected Official/Department Head

X

_____/_____/20__

Supervisor (If Applicable)

X

_____/_____/20__

Human Resources

X

_____/_____/20__

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☐ HR Audit _____

Revised 12/2021



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Ernesto Gonzalez

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
 Please select at least one from each column below

Job Title:	Legal Secretary III
Department Title:	Prosecutor's Office
Department ID #:	101480
Grade/Step: (If N/A, enter Salary or Hourly rate)	13/6
Resolution #: (If Applicable)	

Employment Type	Schedule
<input checked="" type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> 7.5 Hours/Day
<input type="checkbox"/> Part-Time	<input type="checkbox"/> 8 Hours/Day
<input type="checkbox"/> Seasonal/ Temporary	<input type="checkbox"/> Public Safety
# of Months: _____ (Maximum 120 Working Days)	<input type="checkbox"/> Flex
<input type="checkbox"/> Variable/ On-call	<input type="checkbox"/> Hourly
<input type="checkbox"/> Provisional	# Hours/Day: _____
	# Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____

Leave hours to Pay Out?

☐ Yes* ☐ No

* Please submit payout form to HR
 following employee's last date physically worked

☒ Voluntary Termination
☐ Involuntary Termination

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking) ☐ Paid
☐ Military (Report hours used to HR for tracking) ☐ Unpaid
☐ Administrative
☐ Other (Please Specify): _____

Authorization/Approval Signatures

Commissioner (If Applicable)	X	_____/_____/20__
Elected Official/Department Head	X	_____/_____/20__
Supervisor (If Applicable)	X	_____/_____/20__
Human Resources	X	_____/_____/20__

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☐ HR Audit _____

Revised 12/2021



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Xochitl Yazmin Leos

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
 Please select at least one from each column below

Employment Type

☒ Full-Time
☐ Part-Time
☐ Seasonal/ Temporary

of Months: _____

(Maximum 120 Working Days)

☐ Variable/ On-call
☐ Provisional

Schedule

☒ 7.5 Hours/Day
☐ 8 Hours/Day
☐ Public Safety
☐ Flex
☐ Hourly

Hours/Day: _____

Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____

Leave hours to Pay Out?

☐ Yes* ☐ No

☒ Voluntary Termination
☐ Involuntary Termination

* Please submit payout form to HR
 following employee's last date physically worked

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking)
☐ Military (Report hours used to HR for tracking)
☐ Administrative
☐ Other (Please Specify): _____

☐ Paid
☐ Unpaid

Authorization/Approval Signatures

Commissioner (If Applicable)

X

_____/_____/20__

Elected Official/Department Head

X

_____/_____/20__

Supervisor (If Applicable)

X

_____/_____/20__

Human Resources

X

_____/_____/20__

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Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Misty McBrearty

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
Please select at least one from each column below

Job Title:	Legal Secretary III
Department Title:	Prosecutor's Office
Department ID #:	101480
Grade/Step: (If N/A, enter Salary or Hourly rate)	15/5
Resolution #: (If Applicable)	

Employment Type	Schedule
<input checked="" type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> 7.5 Hours/Day
<input type="checkbox"/> Part-Time	<input type="checkbox"/> 8 Hours/Day
<input type="checkbox"/> Seasonal/ Temporary	<input type="checkbox"/> Public Safety
# of Months: _____ (Maximum 120 Working Days)	<input type="checkbox"/> Flex
<input type="checkbox"/> Variable/ On-call	<input type="checkbox"/> Hourly
<input type="checkbox"/> Provisional	# Hours/Day: _____
	# Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____
Leave hours to Pay Out?
☐ Yes* ☐ No

☒ Voluntary Termination
☐ Involuntary Termination

* Please submit payout form to HR
following employee's last date physically worked

Leave:

Last Date Physically Worked: _____
Leave Begin Date: _____
Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking) ☐ Paid
☐ Military (Report hours used to HR for tracking) ☐ Unpaid
☐ Administrative
☐ Other (Please Specify): _____

Authorization/Approval Signatures

Commissioner (If Applicable)	X	____/____/20__
Elected Official/Department Head	X	____/____/20__
Supervisor (If Applicable)	X	____/____/20__
Human Resources	X	____/____/20__

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☐ HR Audit _____

Revised 12/2021



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Lilia Pacheco

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
Please select at least one from each column below

Job Title:	Legal Secretary III
Department Title:	Prosecutor's Office- Child Support
Department ID #:	101500
Grade/Step: <small>(If N/A, enter Salary or Hourly rate)</small>	14/6
Resolution #: <small>(If Applicable)</small>	

Employment Type	Schedule
<input checked="" type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> 7.5 Hours/Day
<input type="checkbox"/> Part-Time	<input type="checkbox"/> 8 Hours/Day
<input type="checkbox"/> Seasonal/ Temporary	<input type="checkbox"/> Public Safety
# of Months: _____ <small>(Maximum 120 Working Days)</small>	<input type="checkbox"/> Flex
<input type="checkbox"/> Variable/ On-call	<input type="checkbox"/> Hourly
<input type="checkbox"/> Provisional	# Hours/Day: _____
	# Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____

Leave hours to Pay Out?

☐ Yes* ☐ No

☒ Voluntary Termination
☐ Involuntary Termination

* Please submit payout form to HR
following employee's last date physically worked

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking) ☐ Paid
☐ Military (Report hours used to HR for tracking) ☐ Unpaid
☐ Administrative
☐ Other (Please Specify): _____

Authorization/Approval Signatures

Commissioner (If Applicable)	X	_____/_____/20__
Elected Official/Department Head	X	_____/_____/20__
Supervisor (If Applicable)	X	_____/_____/20__
Human Resources	X	_____/_____/20__

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☐ HR Audit _____

Revised 12/2021



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Patty Severns

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
Please select at least one from each column below

Employment Type

☒ Full-Time
☐ Part-Time
☐ Seasonal/ Temporary

of Months: _____
(Maximum 120 Working Days)

☐ Variable/ On-call
☐ Provisional

Schedule

☒ 7.5 Hours/Day
☐ 8 Hours/Day
☐ Public Safety
☐ Flex
☐ Hourly

Hours/Day: _____

Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

☒ Voluntary Termination
☐ Involuntary Termination

Last Date Physically Worked: _____

Leave hours to Pay Out?

☐ Yes* ☐ No

* Please submit payout form to HR
following employee's last date physically worked

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking)
☐ Military (Report hours used to HR for tracking)
☐ Administrative
☐ Other (Please Specify): _____

☐ Paid
☐ Unpaid

Authorization/Approval Signatures

Commissioner (If Applicable)

X

_____/_____/20__

Elected Official/Department Head

X

_____/_____/20__

Supervisor (If Applicable)

X

_____/_____/20__

Human Resources

X

_____/_____/20__

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Revised 12/2021



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Aprile Ramirez

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
Please select at least one from each column below

Job Title:	Legal Secretary III
Department Title:	Prosecutor's Office- Child Support
Department ID #:	101500
Grade/Step: (If N/A, enter Salary or Hourly rate)	13/3
Resolution #: (If Applicable)	

Employment Type	Schedule
<input checked="" type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> 7.5 Hours/Day
<input type="checkbox"/> Part-Time	<input type="checkbox"/> 8 Hours/Day
<input type="checkbox"/> Seasonal/ Temporary	<input type="checkbox"/> Public Safety
# of Months: _____ (Maximum 120 Working Days)	<input type="checkbox"/> Flex
<input type="checkbox"/> Variable/ On-call	<input type="checkbox"/> Hourly
<input type="checkbox"/> Provisional	# Hours/Day: _____
	# Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____

Leave hours to Pay Out?

☐ Yes* ☐ No

☒ Voluntary Termination
☐ Involuntary Termination

* Please submit payout form to HR
following employee's last date physically worked

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking) ☐ Paid
☐ Military (Report hours used to HR for tracking) ☐ Unpaid
☐ Administrative
☐ Other (Please Specify): _____

Authorization/Approval Signatures

Commissioner (If Applicable)	X	_____/_____/20__
Elected Official/Department Head	X	_____/_____/20__
Supervisor (If Applicable)	X	_____/_____/20__
Human Resources	X	_____/_____/20__

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Revised 12/2021



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Angela Phalen

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☒ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
Please select at least one from each column below

Job Title:	Legal Secretary III
Department Title:	Prosecutor's Office- Child Support
Department ID #:	101500
Grade/Step: (If N/A, enter Salary or Hourly rate)	15/5
Resolution #: (If Applicable)	

Employment Type

☒ Full-Time
☐ Part-Time
☐ Seasonal/ Temporary
of Months: _____
(Maximum 120 Working Days)
☐ Variable/ On-call
☐ Provisional

Schedule

☒ 7.5 Hours/Day
☐ 8 Hours/Day
☐ Public Safety
☐ Flex
☐ Hourly
Hours/Day: _____
Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____
Leave hours to Pay Out?
☐ Yes* ☐ No

☒ Voluntary Termination
☐ Involuntary Termination

* Please submit payout form to HR
following employee's last date physically worked

Leave:

Last Date Physically Worked: _____
Leave Begin Date: _____
Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking)
☐ Military (Report hours used to HR for tracking)
☐ Administrative
☐ Other (Please Specify): _____

☐ Paid
☐ Unpaid

Authorization/Approval Signatures

Commissioner (If Applicable)	X	_____/_____/20__
Elected Official/Department Head	X	_____/_____/20__
Supervisor (If Applicable)	X	_____/_____/20__
Human Resources	X	_____/_____/20__

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Revised 12/2021



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☐ New Hire ☐ Re-Hire ☐ Position Change ☒ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: Flavio Sandoval

Effective Date of Change: 11/22/2022

Department: Prosecutor's Office

Submitted Date: 11/22/2022

☐ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☒ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
 Please select at least one from each column below

Job Title:	Legal Secretary III
Department Title:	Prosecutor's Office- Child Support
Department ID #:	101500
Grade/Step: <small>(If N/A, enter Salary or Hourly rate)</small>	14/3
Resolution #: <small>(If Applicable)</small>	

Employment Type	Schedule
<input checked="" type="checkbox"/> Full-Time	<input checked="" type="checkbox"/> 7.5 Hours/Day
<input type="checkbox"/> Part-Time	<input type="checkbox"/> 8 Hours/Day
<input type="checkbox"/> Seasonal/ Temporary	<input type="checkbox"/> Public Safety
# of Months: _____ <small>(Maximum 120 Working Days)</small>	<input type="checkbox"/> Flex
<input type="checkbox"/> Variable/ On-call	<input type="checkbox"/> Hourly
<input type="checkbox"/> Provisional	# Hours/Day: _____
	# Days/Week: _____

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____

Leave hours to Pay Out?

☐ Yes* ☐ No

☒ Voluntary Termination
☐ Involuntary Termination

* Please submit payout form to HR
 following employee's last date physically worked

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking) ☐ Paid
☐ Military (Report hours used to HR for tracking) ☐ Unpaid
☐ Administrative
☐ Other (Please Specify): _____

Authorization/Approval Signatures

Commissioner (If Applicable)	X	_____/_____/20__
Elected Official/Department Head	X	_____/_____/20__
Supervisor (If Applicable)	X	_____/_____/20__
Human Resources	X	_____/_____/20__

For Human Resources Use Only:

☐ Original Document- HR ☐ Electronic Copy- Payroll ☐ Electronic Copy- EO/Dept. Head ☐ Salary Matrix Wage Verification - Matrix Resolution #: _____
☐ Entered into One Solution - PCN #: _____ Term Cd 2: _____ ☐ Entered into Benefits Admin System
☐ HR Audit _____

Revised 12/2021