

NOTICE OF PERSONNEL ACTION

One-Time Pay Increase

Termination

Employee Name	
Conservation District	
Board Approval Date	Effective Date of Transaction

ONE-TIME PAY INCREASE (Enter Gross Rate, not Net)

Unscheduled Pay	(Must include gross pay rate/amount and pay date) \$ _____ from local funds to be paid on _____ / _____ / _____ M D Y
Explanation/Authorization for Change	

TERMINATION

Notice Date	Written resignation notice received on _____ / _____ / _____ M D Y	
Final Annual Leave Balance	Final Sick Leave Balance	
_____ Hours	_____ Hours	
Explanation		

Employee Signature _____ Date _____

Chair Signature _____ Date _____