County of biskiyou Personnel Action Form		
DEPARTMENT: SHERIFF/JAIL	and a second	_
EMPLOYEE PROFILE		
Employee Name: WOLFE F WARD	Social Security #:	Employee #: 1839
Address:	City: YREKA State: CA	Zip: 96097
Phone: Date of Birth:	Drivers License#:	State: CA Exp Date:
New Employee X	Changes	Separation)
Permanent: FTE: Extra Help: X Reinstatment:	Effective Date: Change:	Permanent: B Class: Extra Help: B Org:
Hire Date:5/15/2022Position Title:Correctional CorporalPosition #:NEWClass:RA	Current Position Position Title: Position #: Grade/Range:	Last Date Worked: Last Date in paid status:
Grade/Range: CG041 Step: 6 Rate: \$ 25.94 Fund: 1002	Step: Rate: Class: Org#:	Date of retirement: (Must be different than last date in paid status)
Organization #: 203010 611100 611200	Proposed Position Position Title: Position #:	Reason for Separation: REWRCMCNT Leave of Absence
Attached: Approved Request to Fill X Extra Help Memo X	Grade/Range: Step: Rate: Class: Org#:	Type of Leave: Effective Date:
Home Department for Timesheets: 203010 Review Date:	Additional Info:	Return Date: Other Info:
Personnel Use Only: PERS Member: Adjusted Service Date: Reference Checks: Background Clearence: Pre-employment Physical: Drug Test: Update: PCF: Gradience: EDD: Seniority Dates:		
CAO/Personnel Mgr. Signature: Department Head Signature: Employee Signature: Payroll Notes:	ly	Date: Date: <u>A H/19/20 i t</u> Date:

Print on NCR paper: White-Payroll; Yellow-Personnel; Pink-Requesting Department

Revised 4/20/10