

EFFECTIVE DATE 04/04/2024		COUNTY OF LAKE REPORT OF APPOINTMENT/PERSONNEL ACTION EXTRA HELP EMPLOYEE				BUDGET UNIT OLD NEW 2110	
SOCIAL SECURITY NO. xxx-xx-1885	EMPLOYEE LAST NAME HINCHCLIFF		FIRST NAME RICHARD		MIDDLE INITIAL F.	SEX M	
ORIGINAL APPT. DATE 04/04/24	APPOINTMENT EXTRA HELP (900 hr) <input checked="" type="checkbox"/>						
OLD POSITION CODES				NEW POSITION CODES			
DEPT.	CLASS	GRADE	LEVEL STEP	DEPT.	CLASS	GRADE	LEVEL STEP
	9-9999	999	1	2110	9-9999	999	1
CLASS TITLE				STEP RATE PER \$54.1200 Hour			
				CLASS TITLE EXTRA HELP DEPUTY DISTRICT ATTORNEY, SENIOR			
OVERTIME STATUS NON-EXEMPT <input checked="" type="checkbox"/>				PAYROLL PAY PERIOD Monthly		TYPE OF ACTION	
RETIREMENT NONE <input type="checkbox"/>				COMPLETED BY HUMAN RESOURCES		Add to Payroll <input checked="" type="checkbox"/>	
IS THIS EMPLOYEE A CURRENT RETIREE OF ANY PUBLIC EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				EEOC CODE		Begin Assignment <input checked="" type="checkbox"/>	
IF YES, THE DEPARTMENT MUST SUBMIT THE EHPERS RETIREE ASSIGNMENT FORM BEFORE MEDICAL CLEARANCE AND HIRE OF THE EMPLOYEE.				ANALYST REVIEWED		Change in Class Title <input type="checkbox"/>	
				WAIVER APPROVED <input type="checkbox"/>		End Assignment <input type="checkbox"/>	
				DISTRIBUTION: ORIGINAL TO: PERSONNEL FILE COPIES TO: PAYROLL DEPARTMENT EMPLOYEE		Other (Consult with HR) <input type="checkbox"/>	
REMARKS: ADVANCED FLEX POSITION TO SENIOR AND ADVANCED STEP 3 WERE APPROVED BY HR DIRECTOR ON 3/19/2024				TYPE/FORMULA MISC <input type="checkbox"/> Classic 2% @ 55 <input type="checkbox"/> New 2% @ 62 SAFETY <input type="checkbox"/> Classic 2% @ 50 <input type="checkbox"/> New 2.7% @ 57		Describe _____	
* IMPORTANT: FOR EXTRA HELP ASSIGNMENT APPROVAL - PUBLIC EMPLOYEE RETIREE AND ATTACH A COPY OF THE APPROVED FORM TO THIS ROA						COMPLETED BY HR For Terms Only	
APPOINTING OFFICIAL SIGNATURE							
I certify that the action provided hereby is necessary to the official conduct of County business and meets all County regulations and requirements pertinent to such action.						Current CalPERS Employee <input type="checkbox"/> No <input type="checkbox"/> Yes	
I further certify that sufficient funds are available for the purposes being proposed herein.						If yes, CalPERS Separation Date:	
Signature _____ Date _____							
EMPLOYEE'S ACCEPTANCE AND SIGNATURE							
I accept this appointment / personnel action subject to all applicable County conditions and requirements. In accepting initial employment, I understand and agree that the County employs and shall continue to employ employee at such compensation and for such a length of time as shall be determined by County personnel rules and regulations. Appointments are subject to final determination of employability in accordance with the Immigration Reform and Control Act of 1986.							
IMPORTANT NOTICE: Wage rate may be adjusted up or corrected for rounding differences without further Notice. Non-wage information such as grade, review, anniversary dates, overtime status, etc. may be added or adjusted without further notice. If for any reason it is determined that terminating employee is unavailable to sign a terminating Report of Appointment such ROA may be processed without the employee's signature with HR approval.							
Signature _____ Date _____							
HUMAN RESOURCES CERTIFICATION							
No personnel action is final until reviewed and verified by an authorized representative of the Human Resources Department or approved by the Chairman of the Board of Supervisors, upon instruction by the Board.							
This ROA Form has been verified and certified by the Human Resources Department.							
Signature _____ Date _____							