

EFFECTIVE DATE 07/20/2021		COUNTY OF LAKE REPORT OF APPOINTMENT/PERSONNEL ACTION EXTRA HELP EMPLOYEE					BUDGET UNIT OLD NEW 4121		
SOCIAL SECURITY NO.	EMPLOYEE LAST NAME Rein	FIRST NAME Jeff			MIDDLE INITIAL	SEX M			
ORIGINAL APPT. DATE 7/20/2021	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	STEP RATE PER	
	9-9999	999		4121	9-9999	999	5	\$43.5200 hr	
CLASS TITLE				CLASS TITLE Extra Help - Deputy Public Services Director - Project and Operations					
OVERTIME STATUS NON-EXEMPT <input checked="" type="checkbox"/>				PAYROLL PAY PERIOD Monthly			TYPE OF ACTION		
RETIREMENT NONE <input checked="" 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		TYPE/FORMULA		Change in Class Title <input type="checkbox"/>	
IF YES, THE DEPARTMENT MUST SUBMIT THE EHPERS RETIREE ASSIGNMENT FORM BEFORE MEDICAL CLEARANCE AND HIRE OF THE EMPLOYEE.				ANALYST REVIEWED		<input type="checkbox"/> Classic 2%@55 <input type="checkbox"/> New 2%@62		End Assignment <input type="checkbox"/>	
				WAIVER APPROVED <input type="checkbox"/>		<input type="checkbox"/> Classic 2%@50 <input type="checkbox"/> New 2.7%@57		Other (Consult with HR) <input type="checkbox"/>	
				REMARKS:		DISTRIBUTION:		Extra Help (EH) Termination <input type="checkbox"/>	
				ORIGINAL TO: PERSONNEL FILE		COPIES TO: PAYROLL		Termination Reason:	
				DEPARTMENT		EMPLOYEE		EH No Longer Needed <input type="checkbox"/>	
								EH No Longer Available <input type="checkbox"/>	
* IMPORTANT: FOR EXTRA HELP ASSIGNMENT APPROVAL - PUBLIC EMPLOYEE RETIREE AND ATTACH A COPY OF THE APPROVED FORM TO THIS ROA							COMPLETED BY HR For Terminations 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		If yes, CalPERS Separation Date:
I further certify that sufficient funds are available for the purposes being proposed herein.									
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 _____									

