



**ESCAMBIA COUNTY  
BOARD OF COUNTY COMMISSIONERS  
PERSONNEL ACTION FORM - ePAF**

**Employee Name:**

**Effective Date of Transaction:**

**Effective Date of Pay:**

**Transaction Type:**

Position Detail	
Department	
Class Code	
Working Title	
Emergency Status	
Cost Center	
WC Code	
Union	
Pay Grade	

Pay Detail	
Hourly Rate	
Longevity/EIP	
Special Pay	
Special Pay	
Special Pay	

**Comments:**

<b>Prepared by:</b>		<b>Date:</b>	
---------------------	--	--------------	--

(If a transfer between departments, both Department Directors must sign)

Department Director:		Date:	
Department Director:		Date:	
HR Director:		Date:	
County Administrator:		Date:	
Payroll:		Date:	