

**OFFICE OF HUMAN RESOURCES
JUSTIFICATION FOR PERSONNEL ACTION FORM**

PJF NO. 795

DEPARTMENT NAME Sheriff's'		DIVISION NAME		ACCOUNT NUMBER 101 4 0 0 0 4 2 1 1 0 0 1			
EMPLOYEE NAME OR "TO BE RECRUITED" John D Dough		EMPLOYEE ADDRESS Lyndhurst, N. J. 07071			TELEPHONE NUMBER: (201)		
SOCIAL SECURITY NUMBER: -							
JURISDICTION CODE NO 70000 19	EEO JOB CODE 04	EEO FUNCTION CODE 04	CHECK LOCATION CODE	WEEKLY HOURS (INCLUDING LUNCH)	ETHNIC CODE WH	SEX CODE M	
FOR "TO BE RECRUITED", NEW POSITIONS AND PROMOTIONS 1. SHIFT: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS 2. HOURS OF WORK: FROM _____ TO _____ 3. DAYS REQUIRED TO WORK (PLEASE CIRCLE) MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY 4. LIST ESSENTIAL FUNCTIONS OF THE POSITION ON BACK WAS POSITION TITLE APPROVED IN THIS YEAR'S BUDGET? <input type="checkbox"/> YES <input type="checkbox"/> NO IN WHAT QUARTER? <u>1st</u> IF YES, WHAT WAS BUDGETED AMOUNT? \$ <u>114272</u> IF NO, SUBMIT DETAILED JUSTIFICATION FUNDING SOURCE: <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL GRANT NAME _____ NUMBER _____ NOTE: ATTACH COPY OF GRANT LIST OTHER RELATED NON-SALARY COSTS \$ _____ TO BE COMPLETED BY OFFICE OF ACCOUNTS AND CONTROL AUTHORIZED ACCOUNT _____ ACTUAL ACCOUNT _____ EXPENSE DISTRIBUTION 201 - _____ - 48 - 02 301 - _____ - 63 - 01 PROJECT NUMBER _____				PRESENT Chief Warrant Officer		PROPOSED Chief Warrant Officer	
				TITLE TITLE CODE UNION CODE RA TITLE (IF DIFFERENT) SALARY RANGE A) BASE SALARY B) SHIFT AMOUNT C) LONGEVITY D) EDUCATIONAL INCREMENT TOTAL (A-D)		_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

PERSONNEL ACTION REQUESTED

A. <input type="checkbox"/> PERMANENT APPOINTMENT FROM _____ B. <input type="checkbox"/> PROVISIONAL APPOINTMENT PENDING C. <input type="checkbox"/> UNCLASSIFIED APPOINTMENT NJSA: D. <input type="checkbox"/> TEMPORARY APPOINTMENT <input type="checkbox"/> SIX MONTHS OR LESS/AGGREGATE <input type="checkbox"/> 30 WORK DAYS OR LESS/EMERGENCY <input type="checkbox"/> GRANT - 12 MONTHS OR LESS <input type="checkbox"/> INTERIM APPOINTMENT (COMPLETE VACANCY REPLACEMENT UNDER LETTER "N") <input type="checkbox"/> SEASONAL E. <input type="checkbox"/> STATUS CHANGE <input type="checkbox"/> PA TO RA <input type="checkbox"/> RA TO PA <input type="checkbox"/> OTHER	F. <input type="checkbox"/> PROMOTION G. <input type="checkbox"/> TITLE CHANGE H. <input type="checkbox"/> SALARY CHANGE <input type="checkbox"/> INCREASE <input type="checkbox"/> DECREASE I. <input type="checkbox"/> CHANGE IN WORK STATUS <input type="checkbox"/> FULL TIME TO PART TIME <input type="checkbox"/> PART TIME TO FULL TIME <input type="checkbox"/> SHIFT CHANGE FROM _____ TO _____ J. <input type="checkbox"/> TRANSFER FROM DEPARTMENT OF _____ K. <input type="checkbox"/> REASSIGNMENT FROM: <input type="checkbox"/> ONE DIVISION TO ANOTHER <input type="checkbox"/> WITHIN SAME DIVISION L. <input type="checkbox"/> RETURN FROM LEAVE OF ABSENCE M. <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	N. <input type="checkbox"/> NEW HIRE <input type="checkbox"/> REHIRE <input type="checkbox"/> NEW BUDGETED POSITION <input type="checkbox"/> VACANCY REPLACEMENT O. <input type="checkbox"/> VACANCY REPLACEMENT (COMPLETE FOR NEW HIRES, REHIRS, INTERIM APPOINTMENTS AND PROMOTIONS) NAME OF PERSON BEING REPLACED _____ S.S. NUMBER _____ VACANCY DATE _____ REASON FOR VACANCY _____ TITLE _____ SALARY \$ _____ STATUS _____ P. ORIGINAL DATE OF HIRE _____
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DEPARTMENT DIRECTOR SIGNATURE Armando B. Confoura, Sheriff DATE 9/18/08
 DIVISION DIRECTOR SIGNATURE Armando B. Confoura, Sheriff DATE 9/18/08

FOR OFFICE OF HUMAN RESOURCES USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> HELD
COMMENTS		

County of Essex
 Office of Human Resources
 Hall of Records - Room 340
 Newark, NJ 07102