

RETURN TO FORMER JOB CODE TITLE FROM ASSIGNMENT TO VACANT HIGHER POSITION (AVHP)

_Must print in Black or Blue ink ONLY						
Employee ID	Rcd No.	Last Name, First Name	Last Name, First Name			
Company		Department	Dena	artment ID		
Company		Dopartment	Dept			
Position No.		AVHP Job Code Title		Range/Step		
				,		
				/		

Return the above named employee to his/her former Job Code Title:

Effective Pay Period	Begin Date
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Position No.	Job Code Title	Range/Step
		/

I certify that the above was the employee's former Job Code Title, salary range and step immediately prior to the Assignment to Vacant Higher Position.

Appointing Authority or Designee (Print & Sign)		
Payroll Specialist Name (Print & Sign)	Phone No.	Date

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

Keyed By (Employee ID)	Date

DISTRIBUTION: Original - EMACS-HR (0030)