

**PERSONNEL BOARD OF JEFFERSON COUNTY**  
*Process Flow Approver Form*



THE MERIT SYSTEM

\_\_\_\_\_ Requestor

\_\_\_\_\_ Jurisdiction

\_\_\_\_\_ Effective Date

Complete only level(s) required for change/update.

|  |                         |                   |              |              |              |              |              |               |
|--|-------------------------|-------------------|--------------|--------------|--------------|--------------|--------------|---------------|
|  | <b>PA Originator</b>    | <b>Employee #</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Email:</b> |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |
|  | <b>Approver Level 1</b> | <b>Employee #</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Email:</b> |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |
|  | <b>Approver Level 2</b> | <b>Employee #</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Email:</b> |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |
|  | <b>Approver Level 3</b> | <b>Employee #</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Email:</b> |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |
|  | <b>PBJC Notices</b>     | <b>Employee #</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Dept.</b> | <b>Email:</b> |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change | _____                   | _____             | _____        | _____        | _____        | _____        | _____        | _____         |

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\*Return completed form to [systemsupport@pbical.org](mailto:systemsupport@pbical.org) or Fax to 205-279-3445. Please call 279-3444 if you have any questions.

\*Please complete the appropriate designee change form if the final approver has changed from the Appointing Authority.