



# Personnel Action Form (PAF)

Hotel: \_\_\_\_\_

Date: \_\_\_\_\_

## EMPLOYEE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Salary ☐

Hourly ☐

New Hire ☐ Hire Date: \_\_\_\_\_ Department: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Rihire ☐ Hire Date: \_\_\_\_\_ Department: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Original Hire Date: \_\_\_\_\_

Transfer ☐ From: \_\_\_\_\_ To: \_\_\_\_\_

## WAGES / SALARY / POSITION CHANGES

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

Job Title From: \_\_\_\_\_ To: \_\_\_\_\_

Department From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay From: \_\_\_\_\_ To: \_\_\_\_\_

FT/PT From: \_\_\_\_\_ To: \_\_\_\_\_

Comments or Reasons: \_\_\_\_\_

## VACATION / SICK / OTHER DAYS OFF

Week 1: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Dates: \_\_\_\_\_

Week 2: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Dates: \_\_\_\_\_

Comments or Reasons: \_\_\_\_\_

*Mark day(s) off that you wish to be paid for with "V, S, U, B, M" (limit 5/week) V-Vacation S-Sick U-Unpaid B-Bereavment M-MOD Day Off*

## ADDRESS / PHONE CHANGES

New \_\_\_\_\_

Address: \_\_\_\_\_

New Number \_\_\_\_\_

## TERMINATION

Last day worked: \_\_\_\_\_

Reason (Explain fully): \_\_\_\_\_

Eligible for rehire? Yes ☐  
No ☐

COBRA offered? Yes ☐  
No ☐

## HOTEL ACCOMMODATIONS

Property: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Arrival Day: \_\_\_\_\_

Departure Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Departure Day: \_\_\_\_\_

Non-Smoking: ☐ Smoking: ☐

Supervisor Approval: \_\_\_\_\_ Hotel OK by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## SIGNATURE

Employee \_\_\_\_\_

Date: \_\_\_\_\_

Dept Manager \_\_\_\_\_

Date: \_\_\_\_\_

General Manager \_\_\_\_\_

Date: \_\_\_\_\_

### FOR ADMIN USE ONLY

Payroll Period Processed: \_\_\_\_\_

Update/Changes Report: \_\_\_\_\_

Complete & File: \_\_\_\_\_

Mail to: