

PERSONNEL ACTION FORM

ORIGINATING COMPANY SMG

CHECK APPROPRIATE BOX(ES). COMPLETE SECTION(S) INDICATED. ALWAYS COMPLETE SEC. 1, FORWARD TO HR DEPARTMENT	
New Employee (Section 1, 2, 8) Request for Orientation (same as above) Salary/Rate Change (Section 3, 8) Transfer (Section 4, 8)	Position/Title Change (Section 4, 8) Leave of Absence (Section 5, 8) Separation (Section 6, 8) Other (Use "Comments" Section 7, 8)

1	EMPLOYEE	Social Security #:	Last Name:	First:	Initial:
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2	EMPLOYMENT INFORMATION	Hire Date:	Location:	Department:	
Supervisor:					
Full - Time	Part - Time	Union	Non - Union	Exempt	Non - Exempt
Salary (Annual)	(OR) Hourly Rate		Other \$ - rate		

3	SALARY OR RATE INCREASE	Type of Increase: <input type="checkbox"/> Merit <input type="checkbox"/> Promotion <input type="checkbox"/> Other
Current Salary:	New Salary:	Effective Date of Change:
Is this increase within your Current Fiscal Year Budget? Yes No		

4	TRANSFER AND/OR POSITION CHANGE	
	New Department:	Effective Date of Change:

5	LEAVE OF ABSENCE	Reason: <input type="checkbox"/> Disability <input type="checkbox"/> Personal	Type: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Duration: Beginning: Ending:
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6	SEPARATION	Reason: <input type="checkbox"/> Resignation <input type="checkbox"/> Lay - Off <input type="checkbox"/> Discharge (misconduct? Yes No) (explain in "comments" section below)	
Last Day Worked	Length of Notice Given:	Letter of Resignation Tendered:	For Discharge: Attach copies of relevant documentation, e.g., warning notices, etc.
COBRA Handled:	Yes No	Date:	

PAY/TYPE	Amount	# Days	Date Paid	Comments
Regular				
Vacation				

7	COMMENTS	
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8	APPROVALS (Signatures)	Supervisor: Date: Department Head: Date: GM Approval: Date: Finance Director: Date:
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