

PERSONNEL ACTION FORM

Originating Company:

Check Appropriate Box(es)	Complete Section (s) indicated	Always complete Section 1	Forward to HR Dept.
<input type="checkbox"/> New Employee (Section 1, 2, 8) <input type="checkbox"/> Request for Orientation (same as above) <input type="checkbox"/> Salary/Rate Change (Section 3, 8) <input type="checkbox"/> Transfer (Section 4, 8)		<input type="checkbox"/> Position/Title Change (Section 4, 8) <input type="checkbox"/> Leave of Absence (Section 5, 8)) <input type="checkbox"/> Separation (Section 6, 8) <input type="checkbox"/> Other (Use "Comments" Section 7, 8)	

(1) Employee	Social Security #	Last Name:	First Name:	M.I.
(2) Employment Information	Employment Date	Company	Department	
	Position/Title		Supervisor's Name	
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time N/A	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
	Salary (Annual) \$	(OR) Hourly Rate, if hourly employee: \$	Other \$	Rate
(3) Salary or Rate Change	Type of Increase: <input type="checkbox"/> Merit Promotion Other Auto, Bonus, etc.)			
	Current Salary \$	New Salary \$	Other \$	Effective Date
	Is this increase within your Current Fiscal Year Budget? Yes No			
(4) Transfer and/or Position Change	Receiving Company:			
	New Position Title:	New Department:	Effective Date of Change:	
(5) Leave of Absence	Reason: <input type="checkbox"/> Disability <input type="checkbox"/> Personal	Reason: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Duration: Beginning Ending	
	NOTE: Proper documentation MUST be submitted with this form, including doctor's note and employee's letter of intent to return to work.			Total Days
(6) Separation	Reason: Resignation Lay-Off		Discharge (Misconduct? Yes No) (Explain in "Comments" Section below)	
Last Day Worked:	Length of Notice Given:	Letter of Resignation Tendered? Yes No (attach copy)	For Discharge: attach copies of relevant documentation, e.g., warning notices, etc.	
COBRA Handled? Yes No By Whom: Date:				
<u>Pay/Type</u>	<u>Amount</u>	<u># Days</u>	<u>Date Paid</u>	<u>Comments</u>
Regular				
Vacation				
Other				
(7) Comments				
(8) Approvals (Signatures)	Preparer:		Date:	
	Department Head:		Date:	
	Final Approval:		Date:	