

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.
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(2) Employment Information	Employment Date	Company	Department
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	Position/Title		Supervisor's Name	
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<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.)			
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	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:			
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	New Position Title:	New Department:	Effective Date of Change:

(5) Leave of Absence	Reason:		Reason:		Duration:
	<input type="checkbox"/> Disability <input type="checkbox"/> Personal		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid		Beginning: _____
	NOTE: Proper documentation MUST be submitted with this form, including doctor's note and employee's letter of intent to return to work.				Ending: _____

(6) Separation	Reason:		<input type="checkbox"/> Discharge (Misconduct? _____ Yes _____ No) (Explain in "Comments" Section below)	
	<input type="checkbox"/> Resignation <input type="checkbox"/> Lay-Off			

Last Day Worked:	Length of Notice Given:	Letter of Resignation Tendered? <input type="checkbox"/> Yes <input type="checkbox"/> No (attach copy)	For Discharge: attach copies of relevant documentation, e.g., warning notices, etc.
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COBRA Handled? _____ Yes _____ No	By Whom: _____	Date: _____
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Pay/Type	Amount	# Days	Date Paid	Comments
Regular				
Vacation				
Other				

(7) Comments				
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(8) Approvals (Signatures)	Preparer: _____		Date: _____
	Department Head: _____		Date: _____
	Final Approval: _____		Date: _____