



## Personnel Action Form

Personnel Actions: <i>(Please check appropriate box)</i>				
New Hire	Transfer	Salary Change	Position/Department Change	Termination
Business Unit/Company Name:			Department:	
Employee Name: <i>Last</i> <i>First</i> <i>Middle</i>			Other Name:	
Address:			Phone Number:	
			E-Mail Address:	
Position:			Date of Hire:	
Employment Status: (Check appropriate box)            Exempt/Salaried            Non-Exempt/Hourly            Full-Time            Part-Time            Temporary				

### Starting Salary / Salary Adjustment / Position Changes

	From	To	Change Code	Change %	Effective Date
Salary	\$	\$			
Previous – 1 Salary	\$	\$			
Previous – 2 Salary	\$	\$			
Position					
BU/Department					
Report To					

Change Code:    N= New Hire            P = Promotion            D= Demotion            T= Transfer            R = Job Reclassification  
                          A = Annual Review            O = Organization            X = Termination            S = Special \_\_\_\_\_

Comments:

Relocation Package:    Yes            No    *(If yes, attached relocation details)*

### Hiring Authorization

Approved by: Signature		Approved by: Signature	
Print Name:	Date	Print Name:	Date
Approved by: Signature		Approved by: Signature	
Print Name:	Date	Print Name:	Date
Approved by: Signature		Acknowledged by: Human Resources	
Print Name:	Date	Print Name:	Date