

Personnel Action Form



Employee Name: _____

Effective Date: _____

Employee #: _____

☐ New Hire - (check one) ☐ Replacement Hire ☐ Regular ☐ Seasonal

☐ Transfer ☐ Pay Adjustment ☐ Reinstatement from Leave

☐ Rehire ☐ Promotion ☐ Address Change

☐ Termination (*Please give reason*) Reason: _____

☐ Voluntary Resignation Eligible for Rehire: ☐ Yes ☐ No

Employee Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Social Security # _____

Date of Birth: ____/____/____ ☐ Male ☐ Female

No. of Dependents: _____ ☐ Single ☐ Married

Job Information

Location:

<input type="checkbox"/> Corporate Office	<input type="checkbox"/> Tamara Lane	<input type="checkbox"/> Lilac	<input type="checkbox"/> Construction	<input type="checkbox"/> Sales
<input type="checkbox"/> Arizona	<input type="checkbox"/> Buena Creek	<input type="checkbox"/> Monte Vista	<input type="checkbox"/> Transportation	<input type="checkbox"/> Propagation
<input type="checkbox"/> Florida	<input type="checkbox"/> Cassou	<input type="checkbox"/> Quarry	<input type="checkbox"/> Order Fulfillment	<input type="checkbox"/> Lake Mathews
<input type="checkbox"/> Salinas	<input type="checkbox"/> Edgehill	<input type="checkbox"/> Reidy Canyon	<input type="checkbox"/> Mechanic Shop	

Transfer from Dept. _____ To Dept. _____ Supervisor Name: _____

Current Job Title: _____ New Job Title: _____

Pay Information

New Hire/Current rate of pay: \$ _____ ☐ Hourly ☐ Salary

New rate of pay: \$ _____ ☐ Hourly ☐ Salary

Frequency (Check one): ☐ Each pay period ☐ Once/Month (or 14 checks) ☐ Other

Reason: ☐ Annual Increase ☐ Promotion ☐ Other - Explain: _____

Additional Pay: ☐ Auto Allowance ☐ Bonus ☐ Commission ☐ Other

Amount: \$ _____ Per: _____

☐ Commission Agreement is attached.

Vacation/Leave Information

Type of Leave: (check one)

☐ Vacation ☐ Paid Sick Leave ☐ Unpaid Leave/LOA ☐ FMLA/PDL ☐ W/C Leave

First day: _____ Return date: _____

Total # of days/hours to be paid: _____ hours/days

Signatures/Routing

Employee: _____ Date: _____ Supervisor: _____

Manager: _____ Date: _____ President: _____

Comments: _____