

# Personnel Action Form



Effective Date: \_\_\_\_\_

<input type="checkbox"/> New Hire	<input type="checkbox"/> Replacement Hire	<input type="checkbox"/> Regular	<input type="checkbox"/> Seasonal	(Check one)
<input type="checkbox"/> Transfer	<input type="checkbox"/> Pay Adjustment	<input type="checkbox"/> Voluntary Resignation		
<input type="checkbox"/> Rehire	<input type="checkbox"/> Promotion	<input type="checkbox"/> Reinstate from leave		
<input type="checkbox"/> Termination	Reason: _____	Eligible for Rehire:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Address Change				

## Employee Information

Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
Last First MI

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"/> Edgehill	<input type="checkbox"/> Construction	<input type="checkbox"/> Sales
<input type="checkbox"/> Arizona	<input type="checkbox"/> Mud Hut	<input type="checkbox"/> Lilac	<input type="checkbox"/> Dock	<input type="checkbox"/> Propagation
<input type="checkbox"/> Florida	<input type="checkbox"/> Classic Color	<input type="checkbox"/> Monte Vista	<input type="checkbox"/> Transportation	<input type="checkbox"/> Lake Matthews
<input type="checkbox"/> Salinas	<input type="checkbox"/> Buena Creek	<input type="checkbox"/> Quarry	<input type="checkbox"/> Mechanic Shop	

Transfer from Dept. \_\_\_\_\_ To Dept. \_\_\_\_\_

Current Job Title: \_\_\_\_\_

New Job Title: \_\_\_\_\_

## Pay Information

New Hire/Current rate of pay: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary		
New rate of pay: \$ _____	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary		
Frequency (Check one):	<input type="checkbox"/> Each pay period	<input type="checkbox"/> Once/Month (or 14 checks)	<input type="checkbox"/> Other	
Reason:	<input type="checkbox"/> Annual Increase	<input type="checkbox"/> Promotion	<input type="checkbox"/> Other - Explain: _____	
Additional Pay:	<input type="checkbox"/> Auto Allowance	<input type="checkbox"/> Bonus	<input type="checkbox"/> Commission	<input type="checkbox"/> Other
Amount: \$ _____		Per: _____		

☐ Commission Agreement is attached.

## Vacation/Leave Information

Type of Leave: (check one)

☐ Vacation ☐ Paid Sick Leave ☐ Unpaid Sick Leave ☐ FLMA

First day: \_\_\_\_\_ Return date: \_\_\_\_\_

Total # of days/hours to be paid: \_\_\_\_\_ hours/days

## Signatures/Routing

Employee: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_ President: \_\_\_\_\_

Comments: \_\_\_\_\_