



PERSONNEL ACTION FORM

Name _____ Effective Date _____
First, Middle, Last

GENERAL DATA

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Sex: M F Marital Status: Single Married: Spouse Name _____

Emergency Contact _____ Phone _____

REASON FOR PERSONNEL ACTION FORM

- New Hire
- Promotion
- Termination
- Rehire
- Demotion
- Address Change (see above)
- Wage/Salary Change
- Transfer
- Change in Marital Status (see above)

NEW HIRE / REHIRE

Start Date _____ Status: FT PT Seasonal Temporary Commissioned

Department _____ Position _____

Wage \$ _____ Hourly Annual (Salaried) Commission-Only

POSITION CHANGE / TRANSFER / WAGE ADJUSTMENT

FROM: FT PT Department _____ Position _____ Company _____

TO: FT PT Department _____ Position _____ Company _____

New Wage \$ _____ Hourly Annual (Salaried) Commission-Only

TERMINATION

Last Day Worked _____ Termination was: Voluntary Involuntary

Comments: _____

Eligible for Rehire: YES NO

AUTHORIZATION

Comments: _____

Approval Signature _____ Date _____

