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Form: 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 _____
Email Address _____
Sex: M F Marital Status: Single Married: Spouse Name _____
Emergency Contact _____ Phone _____

Reason For Personnel Action Form

- New Hire Promotion Transfer
- Termination Leave of Absence Rehire
- Demotion Wage/Salary Change Address Change (see above)
- 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
Eligible for Rehire: YES NO
Comments: _____

Authorization

Approval Signature _____ Date _____

