



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 [ ] 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 Eligible for Rehire: [ ] YES [ ] NO
Comments: \_\_\_\_\_

AUTHORIZATION

Comments: \_\_\_\_\_
Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

