

PERSONNEL ACTION FORM

Company Name: _____ Date: _____

A. EMPLOYEE INFORMATION

FIRST NAME	LAST NAME		

B. ACTION

C. CLASSIFICATION

<input type="checkbox"/> NEW HIRE <input type="checkbox"/> REHIRE <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> RETURN FROM LEAVE <input type="checkbox"/> SALARY CHANGE <input type="checkbox"/> TITLE CHANGE	<input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PROMOTION <input type="checkbox"/> UPGRADE (UNION ONLY) <input type="checkbox"/> BUDGET CODE CHANGE <input type="checkbox"/> STIPEND <input type="checkbox"/> OTHER	
TERMINATION TYPE: <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE	Termination Date: <div style="background-color: yellow; height: 15px; width: 100%;"></div>

D. Check for change of

<input type="checkbox"/> NAME /ADDRESS /ZIP CODE <input type="checkbox"/> TELEPHONE	PREVIOUS _____ NEW _____
<input type="checkbox"/> EMAIL	

E. SPECIAL ADDITIONS (please attached detailed back-up information)

<input type="checkbox"/> IRA or 401K Retirement Plan <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Dental Insurance <input type="checkbox"/> Vision Insurance Date to begin new coverage: _____
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F. SALARY CHANGES

SALARY - CURRENT	SALARY - NEW	Start Date for new Salary	NOTES
\$ PER/	\$ PER/	_____	

G. SPECIAL INSTRUCTIONS

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H. APPROVALS

_____ SIGNATURE OF EMPLOYEE	_____ DATE	

LEAVE

(a) LEAVE OF ABSENCE	(b) LEAVE WITH PAY	(c) LEAVE WITHOUT PAY
TYPE:	FROM: TO:	FROM: TO:

TERMINATION PAYOUT

(a) ACCRUED ANNUAL LEAVE	(b) ACCRUED SICK LEAVE (Where applicable)	(c) SEVERANCE	(d) OTHER
DAYS	DAYS	DAYS	DAYS

HUMAN RESOURCES/PAYROLL NOTATIONS
