



Personnel Action Form

Employee Number _____

Today's Date _____

Personnel Action: (mark all that apply)			For HR/ Payroll Use Only	
<input type="checkbox"/> New Hire	<input type="checkbox"/> Pay rate change	<input type="checkbox"/> Other: _____	Date received	
<input type="checkbox"/> Rehire	<input type="checkbox"/> Job status change		Date Entered in Timekeeping	
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Leave of Absence	_____	Date Entered in Incode	
<input type="checkbox"/> Promotion	<input type="checkbox"/> Military leave	_____		
<input type="checkbox"/> Transfer	<input type="checkbox"/> Suspension	_____		
<input type="checkbox"/> Probation period complete	<input type="checkbox"/> Termination			
Personal Information				
First Name	Middle Name	Last Name		
Social Security Number	Birth Date	Email		
_ _ - -	/ /			
Reports to (manager)			Department Name	
Job Status Information				
Effective Date	Accounting Fund and Department		Job Title	
Grade	Step	Annual Salary	Hourly rate	
Auto Allowance	Phone Allowance	Certification Pay	Certification level	
Hire Status			Work Status	
<input type="checkbox"/> Regular Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Exempt	
<input type="checkbox"/> Contract	<input type="checkbox"/> Intern	<input type="checkbox"/> Temp/ Special Project:	<input type="checkbox"/> Non- Exempt	
Leave of Absence				
Leave Type:			Anticipated Return to work date	
<input type="checkbox"/> Workers Comp <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> Military Leave <input type="checkbox"/> Administrative Leave				
Stop Accruals after 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Separation of Employment				
Resignation		Reason		
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	<input type="checkbox"/> No Reason Given <input type="checkbox"/> Lay Off <input type="checkbox"/> Temp Assgmt End <input type="checkbox"/> Retirement			
<input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> Dissatisfied <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Excessive Absenteeism			
Last date worked	<input type="checkbox"/> Unsuccessful Probation Period <input type="checkbox"/> Job Abandonment (failed to appear/ call)			
	<input type="checkbox"/> Policy Violation: <input type="checkbox"/> Other: _____			
Last Direct Deposit Date	Vacation Hours Paid	Eligible for unemployment		Eligible for rehire
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Approved by: _____

Department Head

Finance

Administration