



# 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"/> Rehire <input type="checkbox"/> Reinstatement <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer <input type="checkbox"/> Probation period complete	<input type="checkbox"/> Pay rate change <input type="checkbox"/> Job status change <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Military leave <input type="checkbox"/> Suspension <input type="checkbox"/> Termination	<input type="checkbox"/> Other: _____ _____ _____	Date received  Date Entered in Timekeeping  Date Entered in Incode	
Personal Information				
First Name		Middle Name		Last Name
Social Security Number		Birth Date		Email
— —		/ /		
Reports to (manager)			Deptment 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"/> Written <input type="checkbox"/> Verbal		<input type="checkbox"/> No Reason Given <input type="checkbox"/> Lay Off <input type="checkbox"/> Temp Assgmt End <input type="checkbox"/> Retirement <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