

# Personnel Action Form

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

EmployeeID: \_\_\_\_\_

Position \_\_\_\_\_

Department: \_\_\_\_\_

**Action Requested:**

**Effective Date:** \_\_\_\_\_

Term/Ineligible for Rehire Reason:

**Termination**      Resignation      Eligible for Rehire?  
                                  Discharge      PTO Paid Out?

**Employment Status Change**

**Effective Date:** \_\_\_\_\_

Change from:

Change to:

Full Time      Part-time (FTE = \_\_\_\_)  
 Exempt      Hourly  
 Per Diem

Full-time      Part-time (FTE = \_\_\_\_ )  
 Exempt      Hourly  
 Per Diem

**Job Information Change**

**Effective Date:** \_\_\_\_\_

Change from:

Change to:

Job Title:  
 Supervisor:  
 Department:  
 Shift:

**Pay Rate Change**

Effective Date: \_\_\_\_\_

Current Hourly \$ \_\_\_\_\_      New Hourly \$ \_\_\_\_\_  
 Current Annual \$ \_\_\_\_\_      New Annual \$ \_\_\_\_\_  
 Current Grade \_\_\_\_\_      New Grade \_\_\_\_\_

Comments:

**Approvals (required for all changes)**

Manager Signature:	Date:
Second Level Manager(If Applicable):	Date:
Human Resources Signature:	Date: