



# PERSONNEL ACTION FORM

SHADED AREAS FOR SUPERVISORY PERSONNEL ONLY

Employee No: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
LAST FIRST MIDDLE  
 NEW/HIRE  ATTENDANCE  CHANGE OF STATUS  TERMINATION  ADDRESS/PHONE  OTHER CHANGE

**EMPLOYMENT DATA**

POSITION: \_\_\_\_\_  
 JOB IS:  FULL TIME  PART TIME  HOURLY  SALARIED RATE OF PAY: \_\_\_\_\_ HOURLY/WEEKLY  
 HIRE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ REHIRE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DEPT. NO.: \_\_\_\_\_ DEPT. NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**PERSONAL DATA**

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIPCODE  
 SOC. SEC. NO.: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: M / F  
 MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_ HM PHONE:( ) \_\_\_\_\_ CELL:( )  
 EMERGENCY INFO:( )  
FIRST PHONE NUMBER CONTACT RELATIOSHIP  
 ( )  
SECOND PHONE NUMBER CONTACT RELATIONSHIP  
 AFFIRMATIVE ACTION CODE:  
 M  F  CAUCASIAN  BLACK  HISPANIC  ASIAN/PACIFIC ISLANDER  AMERICAN INDIAN  VETERAN  VIETNAM VETERAN

**ATTENDANCE DATA**

VACATION  SICK  DISABILITY:  (WORK RELATED)  (NON-WORK RELATED)  OTHER (SPECIFY) \_\_\_\_\_  
 WORKING SHIFT FROM \_\_\_\_ TO \_\_\_\_ TIME STARTED WORK \_\_\_\_\_ TIME LEFT WORK \_\_\_\_\_  
 STARTING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ENDING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Days or Hours: \_\_\_\_\_  
 EXCUSED  UNEXCUSED  PAID  UNPAID Available Vacation Hours: \_\_\_\_\_ as of \_\_\_\_\_

**CHANGE OF STATUS**

	<u>EFFECTIVE DATE</u>	<u>PRIOR:</u>	<u>NEW:</u>
<input type="checkbox"/> JOB TRANSFER	____/____/____	_____	_____
<input type="checkbox"/> WORK CLASSIFICATION	____/____/____	_____	_____
<input type="checkbox"/> RATE OF PAY	____/____/____	_____	_____
<input type="checkbox"/> OTHER (SPECIFY)	____/____/____	_____	_____

**TERMINATION**

RESIGNED  DISCHARGED (EXPLAIN) \_\_\_\_\_  
 LAID OFF (LACK OF WORK)  OTHER (EXPLAIN) \_\_\_\_\_  
 TERMINATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ BENEFIT END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ELIGIBLE FOR REHIRE:  YES  NO  
 RETURNED:  KEYS  TOOLS  CREDIT CARDS  CELL PHONE  LAP TOP  TRANSPONDER  BROAD BAND CARD  
 CASH ADVANCES  OTHER COMPANY PROPERTY/OUTSTANDING DEBTS PAY VACATION BALANCE: \_\_\_\_\_ HOURS  
 ADDITIONAL COMMENTS: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_