



# Notice of Personnel Action

New Hire ☐ Rehire ☐  
Data Change ☐ Position Change ☐  
Status Change ☐ Salary Change ☐  
Leave of Absence ☐ Termination ☐  
Other \_\_\_\_\_

**Supervisor MUST complete appropriate Section**

Company Name: \_\_\_\_\_

## Personal Information (use this section for Data Changes)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First MI  
Address: \_\_\_\_\_  
Mailing Address City State Zip County  
Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**New Hire or Rehire** Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Original Worksite Date of Hire: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Job Title: \_\_\_\_\_ Pay Frequency: ☐ Weekly ☐ Bi-Weekly  
☐ Semi-Monthly ☐ Monthly

Pay Status: ☐ Hourly ☐ Salary (Is this employee Exempt ☐ or Non-Exempt ☐?) ☐ Commission

Work Status: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Other: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ Division: \_\_\_\_\_ Department: \_\_\_\_\_

WC Code: \_\_\_\_\_ Job Code: \_\_\_\_\_

## Salary Change

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

Old Rate: \$ \_\_\_\_\_  
New Rate: \$ \_\_\_\_\_

Reason for Change: \_\_\_\_\_  
Pay Frequency: ☐ Weekly ☐ Bi-Weekly  
☐ Semi-Monthly ☐ Monthly

## Transfer

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

☐ Location ☐ Department ☐ Division Transfer To \_\_\_\_\_ From \_\_\_\_\_

## Status or Position Change

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

### Status Change: (check one)

- ☐ Full Time to Part Time  
☐ Part Time to Full Time

### Position Change

To: \_\_\_\_\_  
From: \_\_\_\_\_

## Leave of Absence

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

☐ Medical ☐ Personal ☐ Workers Comp ☐ Other: \_\_\_\_\_

Does Employee Have Benefits: ☐ Yes ☐ No

## Termination

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

- ☐ Voluntary Resignation ☐ No Call/ No Show 2+ days (list last day worked: \_\_\_\_\_)  
☐ Attendance (Attach Documentation) ☐ Lack of work/ Lay off  
☐ Performance (Attach Documentation) ☐ Other: \_\_\_\_\_  
☐ Insubordination

Does Employee Have Benefits: ☐ Yes ☐ No

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date