

PERSONNEL ACTION NOTIFICATION

EMPLOYEE	S.S.N.	LOCATION
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TYPE OF ACTION

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> LEAVE OF ABSENCE (LOA) | <input type="checkbox"/> TERMINATION |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> RETURN FROM LOA | <input type="checkbox"/> RETIREMENT |
| <input type="checkbox"/> RECLASSIFICATION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> REHIRE |
| <input type="checkbox"/> SALARY/WAGE CHANGE | <input type="checkbox"/> RETURN FROM LAYOFF | <input type="checkbox"/> NEW HIRE |

REASON(S) FOR ACTION

EFFECTIVE DATE

PROMOTIONS/TRANSFERS/RECLASSIFICATIONS

	CURRENT	NEW
LOCATION		
DEPARTMENT		
JOB TITLE		
JOB GRADE		
SUPERVISOR		
SHIFT		
STATUS	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT SALARIED <input type="checkbox"/> HOURLY	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT SALARIED <input type="checkbox"/> HOURLY

SALARY/WAGE CHANGE

	PER HOUR	ANNUALLY	ACCOUNTING USE
CURRENT WAGE			
AMOUNT OF CHANGE			
NEW WAGE			
% INCREASE/DECREASE			
NEXT REVIEW DATE			

LEAVE OF ABSENCE	DATE PAID THROUGH	EXPECTED RETURN DATE	
TERMINATION	LAST DATE WORKED	ELIGIBLE FOR REHIRE? <input type="checkbox"/> Y <input type="checkbox"/> N	VACATION DAYS TO BE PAID
REMARKS			

REQUIRED SIGNATURES

HUMAN RESOURCES	DATE	SUPERVISOR/MANAGER
	DATE	OTHER APPROVING AUTHORITY
		DATE