

Personnel Action Notice

Complete and submit with necessary paperwork to Human Resources

| | | | |
|----------------------|-------------------------------------|---|--|
| Employee Name | Last: _____ | First: _____ | MI: _____ |
| Location | Action <i>(check one)</i> | New Hire <i>Complete Section A</i> | Change <i>Complete Section B</i> |
| | | Termination <i>Complete Section C</i> | Bonus/Other Comp <i>Complete Section D</i> |

Section A: New Hire

| | | | |
|--------------------------------------|----------|---|----------|
| Job Title | | Supervisor | |
| First Date of Work (xx/xx/xx) | | Work Schedule | |
| Hourly Rate (non-exempt) | \$ _____ | Biweekly Salary (exempt) | \$ _____ |
| Bi-Weekly Hours | | Employee Status <i>(Refer to Benefits at a Glance for definitions)</i> | |
| | | FT | PT |
| | | Casual | Per Diem |

Section B: Change

| | | | |
|--|---|---------------------------------|-------|
| Effective Date of Change <i>(should typically coincide with the first day of a pay period)</i> | _____ | | |
| Reason For Change <i>(check one)</i> | Annual Performance Review Status _____ | | |
| | Name or Address Change _____ Other _____ | | |
| | FROM | TO | |
| Job Title | _____ | | _____ |
| Pay Rate | hourly bw salary \$ _____ | hourly bw salary \$ _____ | |
| Bi-Weekly Hours | _____ | | _____ |
| Work Schedule | _____ | | _____ |
| Status | FT PT Per Diem LOA | FT PT Per Diem LOA | |
| Supervisor | _____ | | _____ |
| Name or Address | <i>Indicate in Comments section below</i> | | |

Section C: Termination

| | | | |
|--|-------------|-----------------------------|---|
| Last Day Worked | _____ | Eligible for Rehire? | Yes No <i>(If No, list reason below)</i> |
| Reason For Termination <i>(attach resignation letter or other documentation)</i> | Voluntary | | |
| | Other _____ | | |

Section D: Bonus or Other Compensation

| | | | |
|--|----------|-----------------|-------|
| Bonus Amount | \$ _____ | Pay Date | _____ |
| Reason for Bonus (e.g. sign-on, performance, etc) | _____ | | |

Comments *(attach additional sheet if necessary)*

Signatures

Employee: _____ Date: _____

Supervisor: _____ Date: _____

VP-HR & CFO: _____ Date: _____