



PERSONNEL ACTION NOTICE

Name:		Effective Date:	
Address:		Social Security Number:	
Phone:		Birthdate:	
Department:	Salary Grade:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Exempt
		<input type="checkbox"/> Part Time	<input type="checkbox"/> Nonexempt
		<input type="checkbox"/> Temporary	<input type="checkbox"/> Other _____
Job Title:	Salary:	Hours per week _____	
		Schedule _____	

Employment	
<input type="checkbox"/> New Hire	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Rehire	<input type="checkbox"/> Other _____
Termination	
<input type="checkbox"/> Resignation	
<input type="checkbox"/> Quit Without Notice	<input type="checkbox"/> Other _____
<input type="checkbox"/> Discharged	

Status Change	From	To
<input type="checkbox"/> Exempt/Nonexempt		
<input type="checkbox"/> Schedule		
<input type="checkbox"/> Department		
<input type="checkbox"/> Manager		
<input type="checkbox"/> Salary Grade		
<input type="checkbox"/> Salary		
<input type="checkbox"/> Title		
<input type="checkbox"/> Leave of Absence		

Comments:

Requested by	Title	Date
Approved by	Title	Date
Approved by	Title	Date