



## Personnel Action Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Position/Title: \_\_\_\_\_

**Reason for Action:**

- |   |   |
|---|---|
| <input type="checkbox"/> New Hire/Rehire<br><input type="checkbox"/> Position or Title Change<br><input type="checkbox"/> Pay Change<br><br><input type="checkbox"/> Merit <input type="checkbox"/> Promotion <input type="checkbox"/> Adjustment | <input type="checkbox"/> Termination (Voluntary or Involuntary)<br><input type="checkbox"/> Leave of Absence (FMLA, Workers Comp, Military) |
|---|---|

**CURRENT**

**NEW/APPROVED**

Salary (annualized)	
Supplemental Earnings	
Exempt/Non Exempt	
Job Title/Job Number	
Status (Full-time/Part-time/Adjunct)	

Salary (annualized)	
Supplemental Earnings	
Exempt/Non Exempt	
Job Title/Job Number	
Status (Full-time/Part-time/Adjunct)	
One-time payment	
Other	

**Other Changes:**

Change in Benefit Deductions	Type/Amount:
Change in Tax Withholding Status	<input type="checkbox"/> Federal <input type="checkbox"/> State
Other	Detail:

**Termination/Separation:**

Reason for separation/termination: \_\_\_\_\_  
 Last Day of work: \_\_\_\_\_ Pay continues through \_\_\_\_\_  
 \_\_\_\_\_

Supervisor/Manager Signature: _____	Date: _____
HR Signature: _____	Date: _____
Vice President/President Signature _____	Date: _____