

PERSONNEL ACTION REQUEST

This form is to be completed for all status changes and new hire processing. Supporting documentation if applicable must be attached. Completed form should be submitted to Payroll Bookkeeper. Changes without proper authorization will not be processed.

Department: _____

Employee Name: _____
Last
First
MI

Check all sections that apply:

New Hire Address: _____
Street Address
City
State
Zip

Phone Number: (____) _____ Social Security # _____

Date of Birth: _____ Date of Hire/Recall: _____

Manpower POS I.D.: _____ Classification (Job) Title _____

Assigned Pay Grade/Step: _____ Employee Number: _____

Employee Status: Full Time Part Time Exempt Non-Exempt

Transfer Effective Date: _____ From: _____ To: _____
MM DD YYYY
Department/Position
Department/Position

Leave of Type of Leave (check one): Unscheduled Scheduled
Absence: Annual Sick FMLA Military Bereavement Jury Leave Without Pay Comp Spent
Wednesday
Thursday
Friday
Saturday
Sunday
Monday
Tuesday
Hrs. Hrs. Hrs. Hrs. Hrs. Hrs. Hrs. Hrs.

Personal Name Change: From: _____ To: _____
Address Change: _____
Street Address
City
state
Zip
Phone # Change: (____) _____
Change Effective Date: _____

Pay Change Current Pay Grade/Step: _____ New Pay Grade/Step: _____
Effective Date of Change: _____ Reason for Pay Change: _____
MM DD YYYY

Separation Type of Separation (Check one): Resignation Termination Reduction in Force/Lay-off Retirement Deceased
Date: _____
MM DD YYYY

Signature for Approval:

Employee Date

Department Head/Supervisor Date

Human Resources Date