

Personnel Action Notice

PLEASE PRINT

Employee Information

Effective Date of Change ____/____/____ New Hire Change Separation

Name _____ Position _____

Social Security # _____ Employee/Payroll # _____ Department _____

New Employee Information

Address _____ Phone _____

Status Full-time Part-time Full-time Temporary Part-time Temporary Other

Position _____ Exempt Non-exempt Hourly W-4 attached? Yes No

Current Employee Change(s)

TYPE	FROM	TO	COMMENTS
Personal <input type="radio"/> Address change <input type="radio"/> Change of insurance <input type="radio"/> Insurance Eligibility			
Job <input type="radio"/> Reclassified <input type="radio"/> Transfer <input type="radio"/> Promotion			
Salary/Wage <input type="radio"/> Merit increase <input type="radio"/> Length of service increase <input type="radio"/> Promotion <input type="radio"/> Union scale			
Employment <input type="radio"/> Resignation <input type="radio"/> Retirement <input type="radio"/> Separation <input type="radio"/> End of probationary period <input type="radio"/> Other			
Leave of Absence <input type="radio"/> Resignation <input type="radio"/> Retirement <input type="radio"/> Separation <input type="radio"/> End of probationary period			

Separation

Separation Date ____/____/____ Last Day Worked ____/____/____ Last Day Paid ____/____/____

Voluntary Separation Involuntary Separation Notice of COBRA Rights provided on ____/____/____

Election of COBRA Yes No Start date for coverage ____/____/____

If yes, describe type of coverage elected _____

Additional Comments

Submitted by _____ Date ____/____/____
NAME & TITLE

Approved by _____ Date ____/____/____
NAME & TITLE