

PERSONNEL ACTION FORM

This form should be used to change an employee's personal information or employment status. This form must be approved unless Section 1 is the only information completed.

Activity Type (check types applicable)

_____ 1. PERSONAL INFORMATION CHANGE _____ 2. POSITION/STATUS CHANGE _____ 3. PERFORMANCE REVIEW
 _____ 4. EMERGENCY CONTACT INFORMATION CHANGE _____ 5. SEPARATIONS _____ 6. NEW EMPLOYEE

EMPLOYEE NAME: _____

POSITION: _____ **DEPT. or GROUP HOME:** _____

SECTION 1 – PERSONAL INFORMATION CHANGE

(Complete the items that should be changed in your official record)

NAME: _____

ADDRESS: _____

PHONE #: _____

SECTION 2 – POSITION/STATUS CHANGE

(Attach approved Transfer Form if applicable)

Current Dept # _____ New Dept # _____

Current Position _____ New Position _____

Current Schld Hrs. _____ New Schld Hrs. _____

Current Status _____ New Status _____

Current Pay Rate _____ Base Pay _____

Group Home Differential: Yes No

Group Home Shift Differential: Yes No

PTO Accrual: Yes No

REASON: _____

Effective Date: _____

SECTION 3 – PERFORMANCE REVIEW

(Attach Evaluation Form)

Review Type: _____

Review Date: _____

Next Review Date: _____

SECTION 4 – EMERGENCY CONTACT

(Please provide the information needed for your emergency contact)

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE #: _____

SECTION 5 – SEPARATIONS

_____ VOLUNTARY (Attach resignation letter)

_____ INVOLUNTARY (Attach disciplinary form)

EFFECTIVE DATE: _____

LAST DAY WORKED: _____

Recommended for Rehire? _____ Yes _____ No

Reason: _____

PRIMARY REASON FOR SEPARATION: (Circle One)

- | | |
|--------------------------------------|---------------------------|
| 1. Resigned with notice | 10. Violation of policy |
| 2. Resigned without notice | 11. Relocation |
| 3. Did not fulfill notice obligation | 12. Misconduct |
| 4. Unsatisfactory job performance | 13. "No call, no show" |
| 5. Accepted another position | 14. Probationary employee |
| 6. Education | 15. Retirement |
| 7. Deceased | 16. Reduction in force |
| 8. Unsatisfactory working conditions | 17. Personal reason |
| 9. Other: | |

 Employee's Signature Date

 Supervisor's Signature Date

 Executive Director/Designee Signature Date