

Ministry:

- FT OTGH LCA
 PT Employee TRBC LBN
 TEMP LU MMLF

PERSONNEL ACTION

Effective Date

1. IDENTIFICATION (COMPLETE IN ALL SITUATIONS)				5. TRANSFER					
Name: Last		First		MI		From Dept. (Name & #)		To Dept. (Name & #)	
Address				Prior Job Title		New Job Title			
Phone		SSN		Prior Pay Grade		New Pay Grade			
Dept. Name			Dept. #	Prior Salary		New Salary		Amt. Change	
2. NEW HIRE				Work Week (Hrs.)		Replacing (Employee)			
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp.									
Job Title			Pay Grade	Shift:		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Weekend			
Salary			Work Week (Hrs.)	6. NAME / ADDRESS CHANGE					
Service Date		Shift:		Dept. Name		Dept. #			
		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Weekend		Change Name to: Last		First		MI	
Replacing (Employee)				Change Address to:					
3. LEAVE OF ABSENCE				Change Phone # to:					
Dept. Name		Dept. #		7. TERMINATION					
Reason:				Dept. Name		Dept. #			
<input type="checkbox"/> Personal <input type="checkbox"/> Maternity <input type="checkbox"/> Illness <input type="checkbox"/> Military				Job Title		Pay Grade			
Last Day Worked		Return to Work		Shift:		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Weekend			
4. PROMOTION / ADJUSTMENT / MERIT				Last Day Worked		Eligible for Rehire?			
Type of Change:						<input type="checkbox"/> Yes <input type="checkbox"/> *No *Attach Documentation			
<input type="checkbox"/> Promotion <input type="checkbox"/> Adjustment <input type="checkbox"/> Merit				Job Title					
Prior Pay Grade		New Pay Grade		Reason:					
				<input type="checkbox"/> Resignation <input type="checkbox"/> Lack of Work					
Prior Salary		New Salary		Amt. Change		Two-week Notice Given:			
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Week (Hrs.)		Shift		8. DEPARTMENT APPROVAL					
		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Weekend				Date		Date	
Replacing (Employee)				9. ADMINISTRATIVE / BUDGET APPROVAL					
						Date		Date	
REMARKS				10. IMMIGRATION CHECK				<input type="checkbox"/> APPROVED P-8	
						Date			
				11. PERSONNEL APPROVAL					

SAVE A COPY AND FORWARD TO HUMAN RESOURCES