

EMPLOYEE ACTION FORM

New Hire *	Supplemental Assignment	Termination Information	HR & Payroll sign off below
Wage Change	Dept Change	Involuntary	HR _____
PCN Change *	Org Key Change *	Voluntary	Date _____
Address Change (home)	Calendar Change	Last Day Paid _____	
Address Change (work)	Other _____	Last Day Worked _____	PY _____
			Date _____

Employee Name _____ Effective Date _____

Primary Address _____

City _____ State _____ Zip Code _____ Phone _____

ID # _____ E-Mail Address _____

Type Status* _____ HR Status* _____

Bargaining Unit _____

Calendar _____ Work Hours (Days/Week) _____ (Hours/Day) _____

Distribution # _____ Department # _____ Division # _____

Location # _____ Hire Date _____ Original Hire Date _____

FLSA _____ EEO Code _____

Disabled _____ Reaction Type _____

Veteran _____ Pay Class _____ Reason Code _____

Job Code _____ Position _____ PCN # _____

Salary/Hourly Wage _____ Evaluation Score _____ Previous Wage _____ % Increase _____

Org Key (please list all) _____

Benefit Instruction _____

Additional Information _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Payroll Administrator _____ Date _____

Appointing Authority _____ Date _____

Make 3 Copies after final approval to be distributed to the following departments:

HR/Personnel File – Original

Auditor

HR/Benefits

Department