

# EMPLOYEE ACTION FORM

<input type="checkbox"/> New Hire * <input type="checkbox"/> Calendar Change <input type="checkbox"/> Org Key Change * <input type="checkbox"/> Termination - Voluntary	<input type="checkbox"/> Address Change (home) <input type="checkbox"/> Address Change (work) <input type="checkbox"/> Supplemental Assignment <input type="checkbox"/> Termination – Involuntary Last day worked: _____	<input type="checkbox"/> Wage Change <input type="checkbox"/> PCN Change * <input type="checkbox"/> Other _____
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<input type="checkbox"/>	HR *	_____
	In	
_____		
	Date	
<input type="checkbox"/>	PY	_____
	In	
_____		
	Date	

Employee Name \_\_\_\_\_ Action 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