



PERSONNEL CHANGE/ACTION FORM

Date: ___/___/___

Client Company _____ Effective Date: ___/___/___

Employee: _____ Social Security _____

INSTRUCTIONS

Check the appropriate box and fill in the information in the blanks below. Employee must sign only if he/she initiates action or payroll deduction is required. Supervisor signs in **all cases**.

<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Classification change	<input type="checkbox"/> Transfer
<input type="checkbox"/> Promotion	<input type="checkbox"/> Separation	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Payroll Deduction
<input type="checkbox"/> Change of address	<input type="checkbox"/> Change in dependents	<input type="checkbox"/> Other: _____	

CHANGE IN PAY OR CLASSIFICATION

Pay

From: \$ _____ per _____ (___ hour ___ day ___ week ___ annual) To: \$ _____ per _____

Classification/Department

From: _____ To: _____

<input type="checkbox"/> Exempt to Non-Exempt	<input type="checkbox"/> Non-Exempt to Exempt
<input type="checkbox"/> Full time to Part-Time	<input type="checkbox"/> Part-Time to Full-Time

SEPARATION

<input type="checkbox"/> Laid off for lack of work	<input type="checkbox"/> Discharged for felonious conduct	<input type="checkbox"/> Voluntary
<input type="checkbox"/> Discharged for repeated willful misconduct	<input type="checkbox"/> Other reason(s): _____	

Remarks: (final pay check, date, amount, etc) _____

Eligible for rehire? Yes No

Other (changes, deductions, etc): _____

Employee's Signature

Supervisor's signature

Date: ___/___/___

Date: ___/___/___

RETURN FORM TO 903-567-2079 OR email hr@staffingandpayroll.com