

Personnel Action Form

Name: _____

Date: _____

E-mail: _____

Gender: M F

Job Title: _____

Organization: _____

Type of Change			
<input type="checkbox"/> New Hire	<input type="checkbox"/> Resignation	<input type="checkbox"/> Leave of Absence	Rate change
<input type="checkbox"/> Rehire	<input type="checkbox"/> Termination	<input type="checkbox"/> Return from Leave	<input type="checkbox"/> Job change
<input type="checkbox"/> Other: _____			

Pay Type:

- Hourly
 Salary
 Check if Clergy

Salary Pay Type:

- Monthly
 Semi-monthly (24 pay periods)
 Bi-weekly (26 pay periods)

Change

Effective Date: _____

Present	
	<u>Annual</u>
Salary _____	
Bonus Discretionary _____	
Housing _____	
Total Compensation _____	
	<u>Per Pay Period</u>
Salary _____	
Bonus Discretionary _____	
Housing _____	
Total Compensation _____	
Hourly rate _____	

New	
	<u>Annual</u>
Salary _____	
Bonus Discretionary _____	
Housing _____	
Total Compensation _____	
	<u>Per Pay Period</u>
Salary _____	
Bonus Discretionary _____	
Housing _____	
Total Compensation _____	
Hourly rate _____	

Comments/Reason for change: _____

Form I-9

Form W-4

Form State tax withholding

Direct deposit authorization form

Supervisor: _____

Employee: _____

Input by Treasury Services: _____

Date:

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