

Select Action

- ☐ NEW STAFF HIRE
- ☐ FULL-TIME : 30 hours per week
- ☐ PART-TIME : less than 30 hours per week
- ☐ TEMPORARY
- ☐ SALARY ADJUSTMENT
- ☐ TERMINATION
- ☐ OTHER CHANGE

**Employee Action Form****EMPLOYEE INFORMATION**

Employee Name _____ Employee ID: _____

ADDRESS

Address _____

City _____ State _____ Zip _____

Permanent Phone _____ Email _____

POSITION INFORMATION

required for new hire, transfer, promotion

Effective Date _____ Position Title _____

Hours per week _____ Compensation _____ hourly/salary

Work Building _____ Work Floor/Room/Suite _____

Work Phone # _____ Department Name _____

Supervisor Phone # _____ Full Account Code _____

Supervisor Name _____ Supervisor Position Title _____

SALARY ADJUSTMENT

Effective Date _____ Compensation _____ hourly/salary

Reason _____

TERMINATION INFORMATION

Termination Date (last day worked) _____

Reason _____

Eligible for Re-hire (circle one): Yes No

Is there a work station (computer etc.) *circle one* yes / no If yes, Location _____**OTHER CHANGE INFORMATION**

Effective Date _____ Change Type _____

Reason _____

AUTHORIZATIONS

Supervisor: _____ Date: _____

President / VP / Dean: _____ Date: _____

Human Resources: _____ Date: _____

Completed by Human Resources

Position # _____ Pay Group _____ Initials: _____

Psoft ID # _____ Job Code _____ Date: _____ SCAN to payroll ☐ Date: _____