



Confidential

Personal Action Notice

Action Type	<input type="checkbox"/> I. New Hire <input type="checkbox"/> II. Change <input type="checkbox"/> III. Separation			Effective Date	
Full Name				SS #	
Address				Employee #	
City		State		Zip	
Department				Shift	

Section I – New Hire

Reason for	<input type="checkbox"/> Rehire <input type="checkbox"/> Addition to Staff <input type="checkbox"/> Replacement				
Employee Status	<input type="checkbox"/> Fulltime Regular <input type="checkbox"/> Part-time Regular <input type="checkbox"/> Full-time Temporary <input type="checkbox"/> Part-time Temporary				
Classification	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt				
W-4 Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Exemptions		
Starting Rate	Hourly	\$		Weekly	\$
Job Title				Paycheck advance	

Section II – Change

Change	From	To
<input type="checkbox"/> Position		
<input type="checkbox"/> Job Classification		
<input type="checkbox"/> Department		
<input type="checkbox"/> Employment Status		
<input type="checkbox"/> Shift		
<input type="checkbox"/> Pay		
<input type="checkbox"/> Payroll Deductions		
<input type="checkbox"/> Other		
<input type="checkbox"/> Leave of Absence	Reason:	Date of Return:
Remarks		

Section III – Separation

<input type="checkbox"/> New Hire	Separation Date		Last Date Worked		
Type of Separation	<input type="checkbox"/> Resignation <input type="checkbox"/> Discharge <input type="checkbox"/> Lay-off <input type="checkbox"/> Retirement				
Remarks					
Recommended By				Date	
Approved By				Date	
Authorized By				Date	