## Personnel Action Form

(to be completed by Manager or Dept. Executive)



## When to use this form:

- Employee changes Job Titles, Departments, or Supervisors
- Employee becomes a Supervisor and will have Direct Reports
- Employee has a pay adjustment (outside of the annual Salary Master)
- Employee has resigned or been terminated

ast Name	First Name	Middle Initial
Pay Adjustment (Complete only if th	nere is an applicable adjustment)	
	\$	
Current Pay Rate	Proposed Pay Rate	% Adjustment
Quarterly Bonus Amount	Proposed Effective Date	
Comments:		
Comments:		
Comments:  Job Change/Department Transfer (C	Only fill in the sections that apply)	
lob Change/Department Transfer (C		
lob Change/Department Transfer (C From (Job Title)	To (Job Title)	Effective Date
Tob Change/Department Transfer (C From (Job Title) Supervisor Change:	To (Job Title) Direct Reports:	Effective Date
ob Change/Department Transfer (C From (Job Title) Supervisor Change:	To (Job Title)  Direct Reports:  If employee will be a Supervisor, list	Effective Date
ob Change/Department Transfer (C From (Job Title) Supervisor Change:	To (Job Title) Direct Reports:	Effective Date
ob Change/Department Transfer (C From (Job Title) Supervisor Change:	To (Job Title)  Direct Reports:  If employee will be a Supervisor, list their new direct reports here:	Effective Date
lob Change/Department Transfer (C From (Job Title)	To (Job Title)  Direct Reports:  If employee will be a Supervisor, list their new direct reports here:	Effective Date

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Resignation/Termination		
	<ul><li>□ Voluntary - Quit but desirable</li><li>□ Voluntary - Quit but</li><li>underperforming</li><li>□ Termination</li></ul>	
Please indicate Resignation or Termination	Select from the options above:	Effective Date
Supervisor Change:	Direct Reports:	
If employee was a Manager, list new Supervisor for direct reports:	List the former Manager's direct reports here:	
Explain circumstances that led to employee leav	ving the company:	
List equipment collected:	Who collected the equipment?	Date items were collected:
Approvals:		
Manager Approval/Date	Human Resources Signature/Date	
Executive Approval Signature (Required for all pay rate adjustments)	Date Submitted to HR	

\*\*Submit completed form to the HR Manager (Victoria Griffin) for processing\*\*

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