



Employee ID (Internal use only) \_\_\_\_\_

# Request for Personnel Action

For internal use only, not to be used for employment verification.

Name \_\_\_\_\_ Social Security \_\_\_\_\_ Effective Date \_\_\_\_\_

### Employee Information

Home Address: _____ Street _____ City _____ State _____ Zip _____	Date of Birth: _____ Phone: (____) _____
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### This section voluntary (for record keeping purposes only)

Sex: M___ F___	Race: ___ Hispanic or Latino	___ Asian or Pacific Islander
Marital Status: M___ S___	___ White	___ American Indian or
Veteran: Y N	___ African American	___ Alaskan Native
	___ Multiple Race(s)	___ Other (specify) _____

### Job Information

	Change From	Change To
Department		
Position		
Rate		
Rate Change Reason		
Next Review Date		
Employment Type	FT PT Temp Part	FT PT Temp Part

### Termination

Resignation___ Discharge___ With Proper Notice___ Without Proper Notice___ Rehire: Y__N__ Replace: Y__N__
Reason: _____
Final Pay Instruction: _____
Stop final direct deposit for: _____ Vacation Payout _____

### Comments

_____ _____ _____
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### Approvals

Signature & Title of Person Completing Form _____	Date _____
Department Director _____ Date _____	Administrative Director _____ Date _____
CEO _____ Date _____	Processed by Finance _____