

**EMPLOYEE ACTION FORM**

COMPLETE THE AREAS APPLICABLE

**EFFECTIVE DATE OF ACTION:** \_\_\_\_\_

- NEW HIRE
- JOB CHG
- WAGE CHG
- TERM
- ADDRESS/PHONE/NAME CHANGE

PERSONAL INFORMATION	
NAME _____	Address _____ City _____ State ___ Zip ____
SOCIAL SECURITY _____	DATE OF BIRTH _____ HOME PH: _____
EMERGENCY CONTACT: _____ RELATIONSHIP: _____	
Ph: ( ) _____ **For a name change, you must return this form with a copy of your marriage license, social security card with new name and driver's license with new name ** **If moving with Port Huron please make sure to complete the tax form**	

JOB INFORMATION	
JOB TITLE _____	FACILITY _____
SCHEDULE HRS/DAYS/SHIFT: _____	
Rate of Pay \$ _____ Hour/Year EXEMPT/NONEXEMPT _____	
BENEFITS YES/NO	CTO ACCRUAL RATE: _____

EMPLOYMENT INFORMATION CHANGE	
OLD JOB TITLE _____	NEW JOB TITLE _____
OLD STATUS _____ NEW STATUS _____ (PT, FT, CONT.) <input type="checkbox"/> Demotion <input type="checkbox"/> Other	
OLD DEPT. _____	NEW DEPT. _____
\$ _____	\$ _____ %
\$ _____	\$ _____
Current	Percentage
Hourly/Salary	of Increase
Amount	of Increase
New Hourly/	Salary

TERMINATION	
<input type="checkbox"/> Involuntary <input type="checkbox"/> Voluntary <input type="checkbox"/> Letter of Resignation submitted <input type="checkbox"/> Lay off <input type="checkbox"/> Eligible for Rehire <input type="checkbox"/> Ineligible for rehire	
<input type="checkbox"/> Keys Returned <input type="checkbox"/> Exit Interview	

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Human Resources