

**NEW HORIZONS COMMUNITY SERVICE BOARD
PERSONNEL ACTION FORM**

NAME _____

CURRENT DATE _____

EMPLOYEE # _____

EFFECTIVE DATE _____

- NEW EMPLOYEE TERMINATION CHANGE/TRANSFER RE-HIRE
 SUSPENSION LEAVE ADDRESS CHANGE OTHER

PERSONAL DATA

ADDRESS: _____

CITY: _____ STATE: _____

ZIP _____

PHONE: _____ DOB: _____

SOCIAL SECURITY #: _____

Emergency Contact Name/Number: _____

MARITAL STATUS: SINGLE MARRIED
 DIVORCED WIDOWED

MVR: _____ Yes _____ No

HIRE DATE: _____

Name of Employee being Replaced: _____

TERMINATION

VOLUNTARY INVOLUNTARY DEATH/RETIREMENT

WITH NOTICE WITHOUT NOTICE LACK OF WORK

ELIGIBLE FOR REHIRE YES NO

LEAVE OF ABSENCE: (attach supporting documents)

UNAUTHORIZED LWOP AUTHORIZED LWOP

FMLA MILITARY LEAVE CONTINGENCY LEAVE

SICK LEAVE ANNUAL LEAVE EDUCATION

JURY DUTY PERSONAL LEAVE

DATE STARTING: _____

DATE ENDING: _____

PAYROLL DATA

STATUS: Hourly- 29 or less Salaried Add Benefits

Full Time Part Time Temp

PAY RATE: OLD \$ _____ PER YEAR

NEW \$ _____ PER YEAR _____ %

TYPE INCREASE/DECREASE: MERIT PROMOTION
 DECREASE OTHER

TAXES: FEDERAL EXEMPTIONS M _____ OR S _____

STATE EXEMPTIONS M _____ OR S _____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

DEPARTMENT/CLASSIFICATION

JOB TITLE JOB GRADE/INCR. JOB CODE

OLD: _____

NEW: _____

PROGRAM NAME

BUDGET NUMBER

OLD: _____

NEW: _____

SIGNATURE

DATE

EMPLOYEE

SUPERVISOR

PROGRAM DIRECTOR

DIVISION DIRECTOR

EXECUTIVE DIRECTOR