

**CEDAR CITY
PERSONNEL ACTION FORM**

ACTION: HIRE: CHANGE: SEPARATION: EFFECTIVE DATE: _____

NAME:		EMP. NO	DEPT:		
MAILING ADDRESS:		CITY:		STATE:	ZIP:
SOCIAL SECURITY#	BIRTHDATE:	PHONE:	SEX:	RACE:	MARITAL STATUS:
DRIVERS LICENSE #/ EXP. DATE:		EMERGENCY CONTACT NAME & PHONE NUMBER			
PRESENT TITLE:		POINT VALUE:	BIWEEKLY:	HOURLY:	
NEW TITLE:		POINT VALUE:	BIWEEKLY:	HOURLY:	
Employment Status <input type="checkbox"/>	PRESENT STATUS		NEW STATUS		
	<input type="checkbox"/> REGULAR FULL TIME <input type="checkbox"/> REGULAR PART TIME <input type="checkbox"/> PROBATIONARY <input type="checkbox"/> PART TIME <input type="checkbox"/> VARIABLE HOUR <input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER		<input type="checkbox"/> REGULAR FULL TIME <input type="checkbox"/> REGULAR PART TIME <input type="checkbox"/> PROBATIONARY <input type="checkbox"/> PART TIME <input type="checkbox"/> VARIABLE HOUR <input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER		
SALARY CHANGE <input type="checkbox"/>	<input type="checkbox"/> MERIT INCREASE <input type="checkbox"/> PROMOTION <input type="checkbox"/> WORKING OUT OF CLASS <input type="checkbox"/> NO LONGER WORKING ABOVE CLASS		<input type="checkbox"/> DEMOTION <input type="checkbox"/> DISCIPLINARY SALARY <input type="checkbox"/> REDUCTION <input type="checkbox"/> OTHER (EXPLAIN BELOW)		
	NO SALARY CHANGE <input type="checkbox"/>		<input type="checkbox"/> TRANSFER <input type="checkbox"/> TITLE CHANGE <input type="checkbox"/> REASSIGNMENT <input type="checkbox"/> NAME, ADDRESS, PHONE <input type="checkbox"/> OTHER (EXPLAIN BELOW)		
LEAVE FROM _____ TO _____	<input type="checkbox"/> ADMINISTRATIVE LEAVE <input type="checkbox"/> MILITARY LEAVE <input type="checkbox"/> WORKERS COMP. <input type="checkbox"/> DISCIPLINARY SUSPENSION		<input type="checkbox"/> MEDICAL LEAVE <input type="checkbox"/> PERSONAL LEAVE <input type="checkbox"/> OTHER (EXPLAIN BELOW)		
	SEPARATION <input type="checkbox"/>	REASON <input type="checkbox"/> CAREER OPPORTUNITY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RESIGNED <input type="checkbox"/> LAY OFF		<input type="checkbox"/> TERMINATED FOR CAUSE <input type="checkbox"/> NO LONGER NEEDED <input type="checkbox"/> DISMISSED DURING PROBATION <input type="checkbox"/> OTHER (EXPLAIN BELOW) LAST DAY ON PAYROLL _____ LAST DAY WORKED _____	

EXPLANATION:

EMPLOYEE DATE _____

MANAGER/SUPERVISOR DATE _____ DEPT. HEAD DATE _____

PAYROLL DATE _____ PERSONNEL DATE _____