

PERSONNEL CHANGE NOTICE

EMPLOYMENT TERMINATE CHANGE
 EXPLANATION _____

EMPLOYEE	EMPLOYEE #	S. S. #	GRADE LEVEL
ADDRESS	CITY	STATE	PHONE NUMBER
JOB TITLE	DEPARTMENT	LOCATION	PHONE NUMBER

EMPLOYMENT

<input type="checkbox"/> NEW HIRE <input type="checkbox"/> REHIRED <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> REPLACEMENT FOR:							
HIRE DATE	START DATE	AGE	SEX	MARITAL STATUS	EDUCATION	SHIFT	

TERMINATION

<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY LAST DAY WORKED PAT THROUGH & INCLUDING REHIRE <input type="checkbox"/> Y <input type="checkbox"/> N							
HIRED DATE	START DATE	PAID DAYS ACCRUED	SEVERANCE PAY APPROVED			<input type="checkbox"/> Y <input type="checkbox"/> N	

CHANGE

<input type="checkbox"/> RATE/SALARY <input type="checkbox"/> JOB <input type="checkbox"/> LOCATION		LEAVE OF ABSENCE: FROM _____ TO _____	
LOCATION CHANGE	TO:	FROM:	
JOB AND SALARY CHANGE	OLD TITLE / SALARY	NEW TITLE/SALARY	

COMMENTS

APPROVAL SIGNATURES

PREPARED BY	DATE	SUPERVISOR	DATE
AUDITED BY	DATE	PERSONNEL	DATE
EMPLOYEE	DATE	PERSONNEL	DATE