



# PERSONNEL ACTION FORM

## CONFIDENTIAL

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

### EMPLOYMENT

*HR Use Only*

Full Time

Exempt

Part Time

Non-Exempt

On Call

### TERMINATION

Voluntary

Involuntary

End of Term

Advance Notice Given

No Advance Notice

Exit Interview Date/Time \_\_\_\_\_

Check One: **New Hire** **Re-Hire** **Change** **EFFECTIVE DATE:** \_\_\_\_\_

### NEW or CURRENT POSITION:

### CHANGE TO: *Please fill out only what has changed*

Department \_\_\_\_\_

Department \_\_\_\_\_

Job Title \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Supervisor \_\_\_\_\_

# Hours Per Week \_\_\_\_\_

# Hours Per Week \_\_\_\_\_

### Compensation:

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Rate of Pay: HOURLY \_\_\_\_\_ ANNUAL \_\_\_\_\_

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Matrix Step \_\_\_\_\_ School Use \_\_\_\_\_ Contract Amount \_\_\_\_\_

Matrix Step \_\_\_\_\_ School Use \_\_\_\_\_ Contract Amount \_\_\_\_\_

One Time \_\_\_\_\_ Bonus or Stipend \_\_\_\_\_

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Benefits Eligible? Yes No  
*HR Use only*

Benefits Eligible? Yes No  
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### LEAVE OF ABSENCE:

Seasonal FMLA Personal Start of leave: \_\_\_\_\_ End of leave: \_\_\_\_\_

### NOTES:

### REQUEST

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Pastor (if not in current budget) \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZATION

Chief of Staff \_\_\_\_\_ Date \_\_\_\_\_

Exec. Director (if not in current budget) \_\_\_\_\_ Date \_\_\_\_\_