PERSONNEL ACTION

(To: Personnel/Payroll Department)

Employee Last Name, First Name, Middle Initial	Association or Firm (If other than AH)
Street Address and Apartment Number	Social Security Number
City, State, Zip Code	Home Telephone Number

Hired:	Promoted:	Pay Raise:	Terminated:	Suspended:
Effective Date:		Position:		Salary: $

Pay Adjustment (Increase/Decrease): From: To:

Part-Time/Full-Time: (Circle One) Full-Time Part-Time	Eligible for Rehire?: (Circle One) Yes No
Hours Per Week:	Reason For Term/Susp:

Vacation:	Vacation Hrs Available: ( ) Payroll	Sick Leave:	**Other Absence:**	With Pay: (Circle One) **Yes** No

From: (First Day) Through: (Last Day)

Time: (For Absences less than a Day) From: To:

Remarks: *(If additional space is needed, use reverse side)*

Submitted By:	Position:	Date:

Recommend Approval: Yes No

Supervisor:	Position:	Date:

Remarks: *(If additional space is needed, use reverse side)*

Approved By:	x	Date: