

# PERSONNEL ACTION FORM (PAF)

New Hire

Termination

Promotion

Vacation

Change/ Other \_\_\_\_\_

Rehire: \_\_\_\_\_

Rehire Date: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Social Sec. #: \_\_\_\_\_

Sex (M/F): \_\_\_\_\_

Birthday: \_\_\_\_\_

Start Date: \_\_\_\_\_

Curr. Salary: \_\_\_\_\_

Curr. Hr Rate: \_\_\_\_\_

New Salary: \_\_\_\_\_

New Hr. Rate: \_\_\_\_\_

Filing Status (S,M,H, other): \_\_\_\_\_ # of Dependents: \_\_\_\_\_

W-11 Affidavit Form: Y / N

## Additional Positions:

2<sup>nd</sup> Position: \_\_\_\_\_

2<sup>nd</sup> Pay Rate: \_\_\_\_\_

3<sup>rd</sup> Position: \_\_\_\_\_

3<sup>rd</sup> Pay Rate: \_\_\_\_\_

## Termination:

Termination Date: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Hrs. Due: \_\_\_\_\_

Eligible for Rehire: Yes  No

Other Info/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## Approvals:

Department Manager: \_\_\_\_\_

Date: \_\_\_\_\_

General Manager: \_\_\_\_\_

Date: \_\_\_\_\_