

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:

2nd Position: _____

2nd Pay Rate: _____

3rd Position: _____

3rd 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: _____