EMPLOYEE ACTION FORM

ADP#:

EMPLOYEE:	DEPARTMENT:
Social Security # and Birth Date required for NEW HIRES ONLY	
SOC. SEC.#:	BIRTH DATE:

☐ **New Employee** Starting date: Beginning wage: Union/Non-union:	☐ Full Time Regular ☐ Part Time Regular ☐ Full Time Temporary ☐ Part Time Temp. ☐ Seasonal - Temp If Part-time ☐ 1-19 hrs/wk ☐ 20-29 hrs/wk ☐ 30-39 hrs/wk** **benefit eligible** ☐ Exempt ☐ Non-exempt	Address: Phone number:

☐ **Salary Change** Old Rate: New Rate:	☐ Merit ☐ Step Increase Other, reason: Grade: Step:	Effective Date: Transfer From: Probation Starts: Old Position:	Anniversary Date: Transfer To: Probation Ends: New Position:

Budget/Payroll Information:	Old DEPT	Old OBJECT	**Other:**
	New DEPT	New OBJECT	

Leave of Absence ☐ with pay ☐ without pay	FROM:	TO:
	Long Term Disability: Workers' Compensation:	
	Return date/other information:	

☐ **Separation**	☐ Resigned ☐ Terminated ☐ Retired -OR- ☐ Other, reason:	Last Working Day: Other:	Sick Pay ☐ YES ☐ NO

☐ **Change in Personal Info**	Item of Change:

Remarks and/or Comments:

Employee signature:	Date:	HR Dept.:	Date:
Official/Dept. Head Signature:	Date:	Payroll Dept.:	Date:

Please send completed form to Human Resources.