

PERSONNEL ACTION FORM

PLEASE PRINT OR TYPE ALL INFORMATION
FAX TO 866-365-1606



COMPANY NAME: _____ **LOCATION:** _____

EMPLOYEE NAME: _____ Last 4 digits of SSN _____ **Please print clearly**

***1 INSTRUCTIONS**

MARK ALL APPROPRIATE 's.

For Personal Employee Changes: Complete Section 2. For Employee Status Changes: Complete Section 3 and 6
For Employee Leaves: Complete Section 4 and 6. Please Consult With Your AlphaStaff Representative If You Have Any Questions.

***2 EMPLOYEE: (change of name, address or phone number) Employee Signature Required**

<input type="checkbox"/> Employee Personal Change Effective Date: _____	
Name Change: (Attach new W-4, Social Security Card & I-9) Copy of a marriage license or legal document required	
Change Name To: _____	
New Address: _____ <small>Street City State Zip County School District</small>	
Phone: () _____	
Employee Signature _____	Date: _____

***3 EMPLOYEE CHANGE OF STATUS Supervisor Signature Required**

<input type="checkbox"/> Employee Status Change (please select appropriate changes) Effective Date: _____ Will this affect benefits?	
Current Status:	Changed Status:
(Must indicate Benefit Class #)	(Must indicate Benefit Class #)
<input type="checkbox"/> Benefit class: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Annualized \$ _____ <input type="checkbox"/> Part Time # Hours _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Temporary / Seasonal <input type="checkbox"/> Commission <input type="checkbox"/> Exempt <input type="checkbox"/> Piecework <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Rehire Date: _____ <input type="checkbox"/> Hire Date: _____ <input type="checkbox"/> PTO Full Time <input type="checkbox"/> PTO Part Time <input type="checkbox"/> Title : _____ <input type="checkbox"/> Location: _____ <input type="checkbox"/> Dept: _____ <input type="checkbox"/> EEO Code: _____ <input type="checkbox"/> Workers' Comp Code: _____	<input type="checkbox"/> Benefit class: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Annualized \$ _____ <input type="checkbox"/> Part Time # Hours _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Temporary / Seasonal <input type="checkbox"/> Commission <input type="checkbox"/> Exempt <input type="checkbox"/> Piecework <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Rehire Date: _____ <input type="checkbox"/> Hire Date: _____ <input type="checkbox"/> PTO Full Time <input type="checkbox"/> PTO Part Time <input type="checkbox"/> Title : _____ <input type="checkbox"/> Location: _____ <input type="checkbox"/> Dept: _____ <input type="checkbox"/> EEO Code: _____ <input type="checkbox"/> Workers' Comp Code: * Please call Risk Management _____

***4 LEAVE STATUS**

<input type="checkbox"/> Leave Status (please select appropriate changes)	<input type="checkbox"/> Unpaid Personal Leave	<input type="checkbox"/> Military Leave
Effective Date: _____	<input type="checkbox"/> Workers Comp Leave * Please call Risk Management regarding Workers Comp. Leave	<input type="checkbox"/> Bereavement Leave
Expected Return Date: _____	<input type="checkbox"/> FMLA * Please call Human Resources regarding FMLA	<input type="checkbox"/> Suspension: without pay (only hourly) <input type="checkbox"/> with pay <input type="checkbox"/>

***5 REMARKS**

***6 AUTHORIZATION**

Authorized signature: _____	Date: _____
Print Name: _____	