



EMPLOYMENT ACTION FORM

INSTRUCTIONS: Check the appropriate box and fill in the information below.

Employee Name:

Department:

Effective Date:

Today's Date:

EMPLOYMENT ACTION

Initial Hire Rehire Transfer Promotion Termination

Training Completed Wage Change Classification/Status Other:

EMPLOYMENT CHANGES

New Job Title:

New Classification: Full-time Part-time

New Status: Exempt Nonexempt

New Wage Rate: Percentage Change:

New Manager/Department:

Comments/Instructions:

Signature: If the Assistant Director signs this document on behalf of the Department, it will be assumed that the Director is aware of and has approved the change being made.

Department
Head:

Date: