



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: