

Personnel Action Form

DI	S T R I C T				
Employee Information	Employee name Address City/State		Phone		
Emergency Contact	Name:				
Position Information	Position:Dep Full Time Part Time Temporary From: to: _ Seasonal From: to: _ Additional Job Notes:	S	Hourly range: Starting wage:		
Salary Change	Notes:		n ge tory Period Successful Exceeds		-
Status Change	Position(s): Department: Effective date : Inactivate (not available to work, not scheduled to work) Last day of work: Reactivate (less than 1 year since lass worked) Final Paycheck: Mail Pickup Resigned with notice (attach letter) *Available once SPRD property is returned Laid off (attach letter) Inactivate (less than 1 year since lass worked) Department: Pickup Sesigned with notice (attach letter) Department: Pickup Sesigned without notice (attach letter) Dismissed by supervisor (attach termination letter, not eligible for rehire) Sesigned withen the pickup				·
Signatures	Employee signature Supervisor's signature	Date Date	 Executive Directo	r's signature	 Date