Personnel Action Form

Last Name	First Name	Initial	Employee No.	Social Security Number
				— —

Occupation	HIRED Month Day Year	LAST DAY WORKED Month Day Year	TERMINATED Month Day Year	CURRENT RATE $ ☐ CHANGE ?

VOLUNTARY QUIT
- ☐ TO ACCEPT OTHER WORK
- ☐ TO LOOK FOR NEW JOB
- ☐ DISSATISFIED WITH JOB
- ☐ TO BE SELF EMPLOYED
- ☐ CHANGE IN RESIDENCE
- ☐ TO ATTEND SCHOOL
- ☐ RETIREMENT, BY CHOICE
- ☐ MARITAL OR DOMESTIC PROBLEMS
- ☐ TO BE MARRIED
- ☐ INJURY OR SICKNESS OFF THE JOB
- ☐ PERSONAL REASONS
- ☐ NO CALL — NO SHOW FOR _____ DAYS
- ☐ PREGNANCY
- ☐ TRANSPORTATION DIFFICULTY
- ☐ OTHER (Provide details below)

DISCHARGE FOR MISCONDUCT
- ☐ IMPROPER CONDUCT
- ☐ FAILURE TO FOLLOW PROCEDURE
- ☐ FALSIFICATION OF APPLICATION FOR WORK
- ☐ LOSS OF DRIVERS LICENSE
- ☐ REFUSED TO FOLLOW INSTRUCTIONS
- ☐ BREACH OF COMPANY RULES
- ☐ FAILURE TO REPORT TO WORK AFTER _____ (DATE)
- ☐ EXCESSIVE *UNEXCUSED* ABSENCES &/OR TARDINESS
- ☐ FAILURE TO RETURN FROM LEAVE OR VACATION _____ (Date due back)
- ☐ OTHER (Provide details below)

OTHER
- ☐ AT - WILL RELEASE
- ☐ LAID OFF PERMANENT
- ☐ LAID OFF TEMPORARY
- ☐ WORK SHARE
- ☐ FAILED PHYSICAL
- ☐ INJURY OR SICKNESS
- ☐ RETIREMENT
- ☐ UNSATISFACTORY PERFORMANCE (NO MISCONDUCT)
- ☐ EXCESSIVE *EXCUSED* ABSENCES AND/OR TARDINESS
- ☐ LEAVE OF ABSENCE TYPE OF LEAVE _____ FROM _____ UNTIL _____
- ☐ OTHER (Provide details below)

ATTACH WRITTEN WARNINGS

WARNING
- ☐ VERBAL
- ☐ WRITTEN
- ☐ 1ST
- ☐ 2ND
- ☐ 3RD

SUSPENSION NO. DAYS: _____

RATE OF PAY
- ☐ PER HOUR
- ☐ PER WEEK
- ☐ BI-WEEKLY
- ☐ MONTHLY
- ☐ FULL-TIME
- ☐ PART-TIME

NO. HOURS _____
OLD RATE $ _____

PROMOTION/CHANGES
- ☐ NEW CLASSIFICATION
- ☐ PROBATION COMPLETED
- ☐ PROBATION EXTENDED
- ☐ RE-HIRE
- ☐ TRANSFER
- ☐ DEMOTION
- ☐ MERIT INCREASE
- ☐ OTHER (Provide details below)

COMMENTS: _____

Supervisor (print):	Date:	State ER. I.D. No.:	
Company:		☐ Unavailable for Signature	☐ Refused to Sign
Address:		Employees Signature:	Date:

courtesy **Pacific Employers**

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HIRED | LAST DAY WORKED | TERMINATED | CURRENT RATE

Occupation | Month Day Year | Month Day Year | Month Day Year | $ ☐ CHANGE ?

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COMMENTS: _____

Supervisor (print): | Date: | State ER. I.D. No.:
Company: | ☐ Unavailable for Signature | ☐ Refused to Sign
Address: | Employees Signature: | Date:

courtesy Pacific Employers