

# INTERNAL PERSONNEL ACTION RECORD

TO: Personnel File                      EMP. # \_\_\_\_\_                      DATE: \_\_\_\_\_

NAME: \_\_\_\_\_                      EFFECTIVE DATE: \_\_\_\_\_

ACTION:  1. New Employee  2. Transfer  3. Change of Rate  4. Change of Personal Information  5. Time Off  6. Other

**1. NEW EMPLOYEE**

Department: \_\_\_\_\_ Full Time   
Title: \_\_\_\_\_ Part Time   
Salary: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Temporary

**2. FROM: TRANSFER TO:**

Department: \_\_\_\_\_ Department: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Salary: \_\_\_\_\_ Salary: \_\_\_\_\_

**3. FROM: CHANGE OF RATE TO:**

Salary: \_\_\_\_\_ Salary: \_\_\_\_\_  
Hourly Rate: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_  
Bonus %: \_\_\_\_\_ Bonus %: \_\_\_\_\_

**4. CHANGE OF PERSONAL INFORMATION**

Name     Address     Phone Number  
Old \_\_\_\_\_ New \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Employee Signature \_\_\_\_\_

**5. TIME OFF**

Beginning Date: \_\_\_\_\_ Return Date: \_\_\_\_\_  
Personal  Vacation  School  Funeral  Jury Duty  Other   
Personnel/Payroll Clerk use: \_\_\_\_\_ With Pay  Without Pay   
Amount: \_\_\_\_\_

**6. OTHER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**- FOR OFFICE USE ONLY -**

Prepared By	(See reverse side for instructions.)	Authorized By
Supervisor Signature:	Signature:	
Title: _____ Date _____	President _____ Date _____	
Date filed in personnel file: _____		