Personnel Action Request

Employee Type ☐ New Hire ☐ Re-Hire ☐ Current Employee

Position: _____ ☐ Full -Time ☐ Part-Time

Store Location: _____

Employee Name: _____
Last **First** **Middle**

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Local School District:** _____

Telephone Number: ( ) _____ **Social Security No:** _____

Emergency Contact: **Name:** **Phone Number:** **Relationship:**

Section 1: NEW EMPLOYEES ONLY:

Pay Rate: _____ ☐ Hourly ☐ Salary

Hire Date: _____ **Birth Date:** _____

Federal Tax Status: ☐ Single ☐ Married ☐ Married filing at Single Rate

Number of Exemptions: Federal: _____ State: _____

Additional Withholding: Federal: $ _____ State: $ _____

Section 2: CURRENT EMPLOYEES ONLY: **Eligible for Rehire**

( ) Termination Date: _____ ☐ Voluntary ☐ Involuntary ☐ Yes ☐ No

Explanation: _____

( ) Pay Rate Change: From: _____ To: _____

Effective Date: _____

( ) Department Change: Current: _____ New: _____

( ) Store Transfer: Current: _____ New: _____

( ) Employee Status: Current: _____ New: _____

( ) Change of Address: (indicate new information in the top section).

( ) Change in other Personal Information: (indicate new information in Section 1).

Store Manager's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

National Origin: _____ Received by Personnel: _____