



# 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: \_\_\_\_\_

( X ) 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: \_\_\_\_\_