



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: _____