

PERSONNEL CHANGE NOTICE

_EMPLOYMENT_TERMINATE_CHANGE
EXPLANATION _____

EMPLOYEE	EMPLOYEE#	S.S.#	GRADE LEVEL
ADDRESS	CITY	STATE	PHONE NUMBER
JOB TITLE	DEPARTMENT	LOCATION	PHONE NUMBER

EMPLOYMENT

_NEW HIRE	_REHIRED	_TEMPORARY	_PART-TIME	_REPLACEMENT FOR:
HIRE DATE	START DATE	AGE	SEX	MARTIAL STATUS
SHIFT				EDUCATION

TERMINATION

_VOLUNTARY	_INVOLUNTARY	LAST DAY WORKED	PAT THROUGH & INCLUDING	REHIRE_Y_N
HIRED DATE	START DATE	PAID DAYS ACCRUED		SEVERANCE PAY APPROVED
_Y_N				

CHANGE

_RATE/SALARY	_JOB	_LOCATION	LEAVE OF ABSENCE:
FROM _____	TO _____		
LOCATION CHANGE	TO:		FROM:
JOB AND SALARY CHANGE	OLD TITLE /SALARY		NEW TITLE/SALARY

COMMENTS

APPROVAL SIGNATURES

PREPARED BY	DATE	SUPERVISOR	DATE
AUDITED	DATE	PERSONNEL	DATE
EMPLOYEE	DATE	PERSONNEL	DATE