



Personnel Action Notice

(Updated 2/17/10)

Please print on
blue paper

Add new employee

Change existing employee

One-time change

Name of Organization: _____

Employee's Full Name: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SS#: _____ **Hire or Rehire: _____ (**required for new hire reporting)

Position/title: _____ Termination date: _____

First paycheck/pay date for change to be effective: _____

Wages and benefits are to be charged to account number: _____

Frequency of pay: Weekly Bi-weekly Semi-monthly Monthly

Employee type: Salary/exempt from overtime Salary/not exempt from overtime Hourly

Regular staff

Annual salary: _____ **or** Hourly Rate: _____ Direct Deposit: Yes No
(If yes, attach Direct Deposit form)

Federal Marital Status M S # of Exemptions: _____ Optional additional withholding: _____

State Marital Status M S # of Exemptions: _____ Optional additional withholding: _____

Employee deductions to be deducted from their paycheck:

Health insurance amount: _____ Taken out: weekly bi-weekly semi-monthly monthly

Retirement amount: _____ Taken out: weekly bi-weekly semi-monthly monthly

Life insurance amount: _____ Taken out: weekly bi-weekly semi-monthly monthly

Other _____ amount: _____ Taken out: weekly bi-weekly semi-monthly monthly

* * Special notes/changes/one-time amounts/explanations and/or instructions:

Authorized Approval: _____ Date: _____

