

# 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	MARITAL STATUS	EDUCATION	SHIFT

## TERMINATION

__ VOLUNTARY __ INVOLUNTARY LAST DAY WORKED PAT THROUGH & INCLUDING REHIRE__Y__N						
HIRE 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 BY	DATE	PERSONNEL	DATE
EMPLOYEE	DATE	PERSONNEL	DATE