



Phone: 1-800-621-1308  
Fax: 1-888-621-1309

- New Hire
- Data Change
- Status Change
- Leave of Absence
- Other \_\_\_\_\_
- Rehire
- Position Change
- Salary Change
- Termination

## PERSONNEL ACTION NOTICE (PAN)

• **Supervisor MUST complete appropriate Section thoroughly**

Company Name: \_\_\_\_\_

**Personal Information (use this section for Data Changes)**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Last First MI

Address: \_\_\_\_\_  
 Mailing Address City State Zip County

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**New Hire or Rehire** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Original Worksite Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title: \_\_\_\_\_ Pay Frequency:  Weekly  Bi-Weekly  
 Semi-Monthly  Monthly

Pay Status:  Hourly  Salary (Is this employee Exempt  or Non-Exempt ?)  Commission

Work Status:  Full Time  Part Time  Temporary  Other: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ Division: \_\_\_\_\_ Department: \_\_\_\_\_

WC Code: \_\_\_\_\_ Job Code: \_\_\_\_\_

City, County & State Worked: \_\_\_\_\_

**Salary Change** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Old Rate: \$ \_\_\_\_\_ Reason for Change: \_\_\_\_\_  
 New Rate: \$ \_\_\_\_\_ Pay Frequency:  Weekly  Bi-Weekly  
 Semi-Monthly  Monthly

**Transfer** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location  Department  Division (Check One) Transfer To \_\_\_\_\_ From \_\_\_\_\_

**Status or Position Change** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Status Change: (check one)**  Full Time to Part Time  Part Time to Full Time

**Position Change**  
 To: \_\_\_\_\_  
 From: \_\_\_\_\_

**Leave of Absence** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical  Personal  Workers Comp  Other: \_\_\_\_\_

Does Employee Have Benefits:  Yes  No

**Termination** Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Voluntary Resignation  No Call/ No Show 2+ days (list last day worked: \_\_\_\_\_)  
 Attendance (Attach Documentation)  Lack of work/ Lay off  
 Performance (Attach Documentation)  Other: \_\_\_\_\_  
 Insubordination

Does Employee Have Benefits:  Yes  No

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature

Date