PERSONNEL ACTION NOTICE (PAN)

- ☐ New Hire
- ☐ Data Change
- ☐ Status Change
- ☐ Leave of Absence
- ☐ Other _____
- ☐ Rehire
- ☐ Position Change
- ☐ Salary Change
- ☐ Termination

• **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

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Transfer   Effective Date: ____/____/____

☐ Location   ☐ Department   ☐ Division   Transfer To _____ From _____
            (Check One)

Status or Position Change   Effective Date: ____/____/____

Status Change: (check one)   **Position Change**
☐ Full Time to Part Time   To: _____
☐ Part Time to Full Time   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