

# Personnel Action Form

## Basic Information

(This section must be completed by management only for all transactions)

Employee Name:	Inn Number/City:
Social Security Number:	Department:
Employee/File Number:	Effective Date of Transaction:

## New Hire/ Rehire

(This section must be completed for all new/rehire transactions)

New Hire/Rehire Personal Information	New Hire/Rehire Employment Information
Gender: _____ Date of Birth: _____	Start Date: _____
Ethnic Group (for EEO purposes) <input type="checkbox"/> Black (Non Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other Please write: _____	<input type="checkbox"/> Full-time Regular (minimum of 32 hours per week) <input type="checkbox"/> Part-time Regular (Less than 32 hours per week)
Veteran Status (if applicable) <input type="checkbox"/> Newly Separated Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Vietnam-Era Veteran	Hourly Wage-Salary: _____
Employee Address: _____	Position Title: _____
	Referred by: _____
<b>Tax Exemptions</b>	
	Marital Status                      Fed                      State                      Loc Tax Exempt <input type="checkbox"/> Additional Tax Deductions

## Changes and Adjustments

Name Change: _____	New Position Title: _____
Address Change: _____	New Hourly Rate/Salary: _____
Tax exemptions change: _____	Change Reason:
Marital Status                      Fed                      State                      Loc Tax Exempt <input type="checkbox"/> Additional Tax Deductions	<input type="checkbox"/> Promotion <input type="checkbox"/> Full-time to Part-time <input type="checkbox"/> Demotion <input type="checkbox"/> Part-time to Full-time <input type="checkbox"/> Merit Increase <input type="checkbox"/> Other: _____

## Termination / Warning

Termination	Notes
Date of Termination (Last day worked): _____	
Would you Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Termination: _____	
<input type="checkbox"/> Resignation <input type="checkbox"/> No call No Show <input type="checkbox"/> Quit <input type="checkbox"/> Management Decision (Attach proper documentation)	
<input type="checkbox"/> Employee address confirmed	
Employee Address: _____	

\_\_\_\_\_  
 GM Management Signature                                      Date  
*(required for all transaction.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 Date