



## PERSONNEL ACTION FORM

For Current Employees

Employee Name \_\_\_\_\_

Campus: ☐ Familian ☐ BBC

Department: \_\_\_\_\_

**CHANGE**: Effective Date: \_\_\_\_\_

TYPE	FROM	TO	COMMENTS
<input type="checkbox"/> Department			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Salary/Wage			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Campus Transfer			
<input type="checkbox"/> Other _____ _____ _____			

**TERMINATION**: Effective Date: \_\_\_\_\_ Last Day of Work: \_\_\_\_\_

Reason \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Job Title \_\_\_\_\_  
(Please print)

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Vice President, Finance, Administration & Technology