



PERSONNEL ACTION FORM

For Current Employees

Employee Name _____

Campus: Familian BBC

Employee I.D. Number _____ Department _____

<u>CHANGE:</u> Effective Date: _____			
TYPE	FROM	TO	COMMENTS
<input type="checkbox"/> Department			
<input type="checkbox"/> Job Title			
<input type="checkbox"/> Promotion			
<input type="checkbox"/> Salary/Wage			
<input type="checkbox"/> Shift Change			
<input type="checkbox"/> Transfer			
<input type="checkbox"/> Other _____ _____			

<u>TERMINATION:</u> Effective Date: _____ Last Day of Work: _____ Reason _____ _____

Supervisor's Name _____ Job Title _____

(Please print)

Supervisor's Signature _____ Date _____

Signature _____ Date _____

Vice President, Finance and Administration