**Career Opportunity Development, Inc.**

**Personnel Action Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee’s Name | | | | | | | |  | | | | | | | | | | | | | | | | | Today’s Date: | | | | | |  | |
| Date of Hire: | | | | |  | | | | | | | | Date of NH Orientation | | | | | | | |  | | | | | SS #: |  | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | Status:  Ft  Pt | | | | | | | Dept: | | |  | | | |
| Street Addr: | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone: | | |  | | | |
| City, St, Zip | | | | | |  | | | | | | | | | | | | | | | | | | | | DOB: | | |  | | | |
| Salary | $ | | | | | | | | | | | Hourly  Salary | | | | | | | | | | Hours per week: | | | | | |  | | | | |
| Assigned Location: | | | | | | | | |  | | | | | | | Assigned Supervisor: | | | | | | |  | | | | | | | | | |
| Comments: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Salary Change** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hourly  Salary From: | | | | | | | | | | | | | | $ | | | To: | | | $ | | | | | Effective Date: | | | | | | |  |
| Reason for Action: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Termination** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Termination | | | | | | | | | |  | | | | |  | | | Last Day Worked: | | | | | |  | | | | | |  | | |
| Reason | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eligible for Rehire:  Yes  No (If No, Indicate Reason) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| *Note: Voluntary Resignations - Attach Letter of Resignation* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Other Status Changes**

Job Title  Department  Employee Name

Address  Phone Number  Other

|  |  |  |
| --- | --- | --- |
|  |  |  |

Department Head Signature President/CEO

|  |  |  |
| --- | --- | --- |
|  |  |  |

Date Date