Marina: _____

Action Form

*DATE:*_____

Employee Name: _____ Job Title: _____

Supervisor Name: _____ Department: _____

EMPLOYMENT STATUS CHANGE

CURRENT:		PROPOSED:	
Job Title:	_____	Job Title:	_____
Department:	_____	Department:	_____
Hours/Week:	_____	Hours/Week:	_____
Status (F/T, etc.):	_____	Status (F/T, etc.):	_____
Hourly Rate/Salary:	_____	Hourly Rate/Salary:	_____
Effective Date:	_____	Effective Date:	_____

ACTION

_____ New Hire	_____ Promotion	_____ Resignation
_____ Rehire/Reinstate	_____ Demotion	_____ Dismissal
_____ Temporary Hire	_____ Transfer	_____ Layoff
_____ Leave of Absence	_____ Performance Review	_____ Retirement
_____ Leave Date	_____ Merit Increase	_____ Abandoned position
_____ Return Date	_____ Salary Adjustment	_____ Disciplinary

PERFORMANCE REVIEW

Performance Review Date _____ Next Performance Review _____

Performance Rating _____ Next Salary Review Date _____

COMMENTS: (For Termination Comments, Include any previous Action Items / Issues

Supervisor: _____ Date: _____

Human Resources: _____ Date: _____

Approved: _____ Date: _____