Personnel Action Notice

Updated February 2020

Please print on blue paper.

❑ ***Add new employee***
❑ ***Change existing employee –***
Only need to fill out info applicable to the change.

First paycheck/pay date for change to be effective: _____

Direct Deposit?
❑ Yes ❑ No
(If yes, attach DD authorization form)

Name of Organization:_____

Employee's Full Name: _____ SS#: _____-_____-_____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Birthdate: _____

Hire Date: _____ *(required for employee setup)* ***OR*** Termination date: _____

Position/Title: _____ Work Location: _____

Wages should be coded to account number: # _____ Department: _____

Frequency of pay: ❑ Weekly ❑ Bi-weekly ❑ Semi-monthly ❑ Monthly

Regular staff

Annual salary: _____ ***or*** Hourly Rate: _____

Please attach Federal and State W-4's to this submission.

Employee deductions to be withheld from their paycheck each pay period:

Health insurance amount:_____ Life insurance amount: _____

Retirement amount:_____ Other _____ amount:_____

* * **Special notes/changes/one-time amounts/explanations and/or instructions:**

_____

_____

_____

Authorized Approval:_____ Date:_____