



PERSONNEL ACTION NOTICE (PAN)

Dept. Name/No.: _____

File #: _____

Employee's First Name _____ MI _____

Last Name _____

- New Hire Eff. Date: _____
- Rehire Eff. Date: _____
- Change Eff. Date: _____
- Transfer Eff. Date: _____
- LOA Eff. Date: _____
- Return LOA Eff. Date: _____

Address: _____

City/State/Zip: _____

Email: (Required) _____ Home Phone: _____

Social Security #: _____ Cell Phone: _____

Date of Birth: _____ Marital Status: Single Married

Race/Ethnicity: _____ Ethnic Group: American Indian
Please Select One Please Select One Asian Black

TERMINATION (Contact the Finance Office Immediately)

Termination Eff Date: _____

Reason for Separation:

- Termination
- Retirement
- Resignation

Final paycheck given to employee: YES NO
Date given: _____

- American Indian/ Alaska Native
 - Asian
 - Black or African American
 - White
 - Hispanic or Latino
 - Native Hawaiian/ Other Pacific Islander
 - 2 or more
 - Hispanic or Latino
 - N/A - Non US
 - White
- Gender: Male Female

PAY INFORMATION

Job Code/Title: _____ Rate of Pay: _____

Number of hours regularly worked per week: _____ Comp Frequency: Hourly/ Semi-Monthly Salary
Please circle one

Worker's Comp Code: _____ Part time to Full time
 Full time to Part time
 Temporary (Not Eligible for Benefits)

BENEFITS

Health Insurance (30 Hrs + Per Week) YES NO

Life Insurance (20 Hrs + Per Week) YES NO

Pension (20 Hrs + Per Week) YES NO

Payroll Use Only
<p style="margin: 0;">x _____ Payroll Signature & Date</p> <p style="margin: 10px 0 0 0;">Notes:</p>

- W-4 Form I-9 Form w/doc.copies Finger Print Approval (Schools Only)
- DE-4 Form DD Form (optional)

Forms to be included w/PAN for New Hires

AUTHORIZED SIGNATURE:

x _____
Pastor/Director/Principal

Date: _____