|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cottonwood, Inc. Personnel Action Request | | | | | |
|  | | | | | |
| Date: **11/9/2017** | | | | | |
| Name: \* | | | | Department: \* | |
| Position Title: \* | | | | Work Location: \* | |
| New Employee – *New employee must visit Human Resources Director on or before start date.* | | | | | |
|  | | | | | |
| Position: (Please attach signed job description.) | | | Supervisor: | | |
| Start Date:  Click here to enter a date. | | | Average Number of Hours Per Week: | | |
| Starting Salary: | | | Temporary Position:   Yes  No | | |
| Salary Change – *Please route to CFO* | | | | | |
|  | | | | | |
| From: | | To: | | | Effective:  Click here to enter a date. |
| Vacation | | | | | |
|  | | | | | |
| From: | | Thru: | | | Total Hours Taken: |
| Date Return to Work: (Remember to include hours on time sheet.) | | | | | |
| Sick Leave | | | | | |
|  | | | | | |
| From:  Click here to enter a date. | | Thru:  Click here to enter a date. | | | Total Hours Taken: |
| Date Return to Work: Click here to enter a date. (Remember to include hours on time sheet.) | | | | | |
| Leave of Absence | | | | | |
|  | | | | | |
| From: | | Thru: | | | Return Date: |
| Reason: | | | | | |
| With Pay  Without Pay | Military  Funeral  Medical  Family  Other | | | | |
| Position Change | | | | | |
|  | | | | | |
| From (Title): | | To (Title): | | | Effective:  Click here to enter a date. |
| From (Dept): | | To (Dept): | | | Effective:  Click here to enter a date. |
| New Eval Date:  Click here to enter a date. | | New Job Location: | | | Average Number Hrs/Wk: |

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Data Changes | | | |
|  | | | |
| From (Name): | | To (Name): | |
| From (Street Address): | | To (Street Address): | |
| From (City, State, Zip): | | To (City, State, Zip): | |
| From (Home Phone): | | To (Home Phone): | |
| From (Cell Phone): | | To (Cell Phone): | |
| From (email): | | To (email): | |
| *Changes in W-4 Form, Persons to Notify In Case of Emergency, Marital Status, Educational Status, Insurance Plan,*  *or Beneficiary Information, etc. must be made in person with the Human Resources Director.* | | | |
| Termination | | | |
|  | | | |
| Effective Date: (Last day worked.)  Click here to enter a date. | Resignation  Dismissal  Lay off  Other | | |
| Any performance issues that a perspective future Supervisor should know about?  Yes  No | | | |
| Required / Acceptable Notice given?  Yes  No | | How Much? | |
| *See paragraph on Separations in Cottonwood Personnel Manual regarding quitting without proper notice.* | | | |
| Termination Benefit/Severance Pay, if any? | | | |
| Exit interview conducted by: (if not done, send employee to HR Director.) | | | |
| New or Separated Employee information sheet routed to:  IS Manager?  Yes  No Office Manager  Yes  No Training Coordinator  Yes  No | | | |
| Comments: | | | |
| Signatures | | | |
|  | | | |
| Employee Signature: | | | |
| Coordinator/Supervisor Signature: | | | |
| Director/Administrator: | | | |
| Received/Recorded by Human resources Director on: | | | By: |