

Episcopal Diocese of Minnesota

Personnel Action Form

Employee: _____

First Name

Last Name

Instructions

Check the appropriate box and fill in the information in the blanks below. Employee signs only if he/she initiates action or payroll deduction is required. Supervisor signs in all cases.

- | | | |
|--|---|--|
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Promotion | <input type="checkbox"/> Change of address |
| <input type="checkbox"/> Payroll Decrease | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Change in dependents |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Separation | <input type="checkbox"/> Classification change |
| <input type="checkbox"/> Payroll Deduction | <input type="checkbox"/> Change in benefits | <input type="checkbox"/> Advance (permanent or temporary - circle one) |

Change in Pay or Classification or Benefits

From:

To:

Pay: _____

Per: _____

Pay: _____

Per: _____

Department/Church: _____

Department/Church: _____

Classification or Benefits:

TO BE EFFECTIVE:

Separation

- | | |
|---|---|
| <input type="checkbox"/> Laid off for lack of work | <input type="checkbox"/> Discharged for felonious conduct |
| <input type="checkbox"/> Left work voluntarily | <input type="checkbox"/> Other reason |
| <input type="checkbox"/> Discharged for repeated willful misconduct | |

Remarks (Final pay check, date, amount, etc.):

Eligible for rehire? Yes No

Other (changes, deductions, etc.)

Employee Signature / Date

Supervisor Signature / Date

Please send completed form to Phil Bukstein in the Diocesan Finance Office.