



Effective Date

**PERSONNEL ACTION FORM**

Employee Name

Client Company

**Change of Personal Information**

Name	Social Security	Marital Status	
Home Address	City	State	Zip
Email Address	Home Phone	Mobile Phone	

**Change of Emergency Contact**

Name	Home Phone	Mobile Phone
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**Change of Status/Salary**

From			To		
Job Title			Job Title		
Department Name			Department Name		
Department #	Hourly Rate \$	Annual Rate \$	Department #	Hourly Rate \$	Annual Rate \$
Pay Status	Status (PT or FT)		Pay Status	Status (PT or FT)	
PTO/Vacation:			PTO/Vacation:		
One Time Payment \$			Reason:		
Other Change:			Other Change:		
Federal Withholding (W-4)* Status Exemptions Additional Deductions: \$			Arizona Withholding (A-4)* % Additional Deductions: \$		

*Please complete separation notice for Involuntary Termination so HCS can respond to any requests for Unemployment Compensation*

**Leave of Absence**

Effective Date	Estimated End Date	Actual End Date
Type of Leave	FMLA Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duration

**Approval**

Comments:	
Owner/Manager:	Date: 08/30/10
Please fax completed form to Human Capital Strategies (480)302-7966 <input type="checkbox"/> Check here, if you would like us to call and confirm receipt.	Phone #