

Personnel Action Form

Last Name	First Name	Initial	Employee No.	Social Security Number — — — — —
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Occupation	HIRED			LAST DAY WORKED			TERMINATED			CURRENT RATE
	Month	Day	Year	Month	Day	Year	Month	Day	Year	\$ <input type="checkbox"/> CHANGE ?

<p>VOLUNTARY QUIT</p> <input type="checkbox"/> TO ACCEPT OTHER WORK <input type="checkbox"/> TO LOOK FOR NEW JOB <input type="checkbox"/> DISSATISFIED WITH JOB <input type="checkbox"/> TO BE SELF EMPLOYED <input type="checkbox"/> CHANGE IN RESIDENCE <input type="checkbox"/> TO ATTEND SCHOOL <input type="checkbox"/> RETIREMENT, BY CHOICE <input type="checkbox"/> MARITAL OR DOMESTIC PROBLEMS <input type="checkbox"/> TO BE MARRIED <input type="checkbox"/> INJURY OR SICKNESS OFF THE JOB <input type="checkbox"/> PERSONAL REASONS <input type="checkbox"/> NO CALL — NO SHOW FOR _____ DAYS <input type="checkbox"/> PREGNANCY <input type="checkbox"/> TRANSPORTATION DIFFICULTY <input type="checkbox"/> OTHER (Provide details below)	<p>DISCHARGE FOR MISCONDUCT</p> <input type="checkbox"/> IMPROPER CONDUCT <input type="checkbox"/> FAILURE TO FOLLOW PROCEDURE <input type="checkbox"/> FALSIFICATION OF APPLICATION FOR WORK <input type="checkbox"/> LOSS OF DRIVERS LICENSE <input type="checkbox"/> REFUSED TO FOLLOW INSTRUCTIONS <input type="checkbox"/> BREACH OF COMPANY RULES <input type="checkbox"/> FAILURE TO REPORT TO WORK AFTER _____ (DATE) <input type="checkbox"/> EXCESSIVE <i>UNEXCUSED</i> ABSENCES &/OR TARDINESS <input type="checkbox"/> FAILURE TO RETURN FROM LEAVE OR VACATION _____ (Date due back) <input type="checkbox"/> OTHER (Provide details below)	<p>OTHER</p> <input type="checkbox"/> AT - WILL RELEASE <input type="checkbox"/> LAID OFF PERMANENT <input type="checkbox"/> LAID OFF TEMPORARY <input type="checkbox"/> WORK SHARE <input type="checkbox"/> FAILED PHYSICAL <input type="checkbox"/> INJURY OR SICKNESS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> UNSATISFACTORY PERFORMANCE (NO MISCONDUCT) <input type="checkbox"/> EXCESSIVE <i>EXCUSED</i> ABSENCES AND/OR TARDINESS <input type="checkbox"/> LEAVE OF ABSENCE TYPE OF LEAVE _____ FROM _____ UNTIL _____ <input type="checkbox"/> OTHER (Provide details below)	<p>WARNING</p> <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD SUSPENSION NO. DAYS: _____	<p>RATE OF PAY</p> <input type="checkbox"/> PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME NO. HOURS: _____ OLD RATE \$: _____
			<p>PROMOTION/CHANGES</p> <input type="checkbox"/> NEW CLASSIFICATION <input type="checkbox"/> PROBATION COMPLETED <input type="checkbox"/> PROBATION EXTENDED <input type="checkbox"/> RE-HIRE <input type="checkbox"/> TRANSFER <input type="checkbox"/> DEMOTION <input type="checkbox"/> MERIT INCREASE <input type="checkbox"/> OTHER (Provide details below)	

ATTACH WRITTEN WARNINGS

COMMENTS: _____

Supervisor (print):	Date:	State ER. I.D. No.:
Company:	<input type="checkbox"/> Unavailable for Signature <input type="checkbox"/> Refused to Sign	
Address:	Employees Signature:	Date:

WHITE COPY TO EMPLOYER
YELLOW COPY TO EMPLOYEE

Pacific Employers Inc.
P.O. Box 68 Visalia, CA 93279

(559) 733-4256
(800) 331-2592

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