



PERSONNEL ACTION FORM

CITY OF HOLYOKE

PERSONNEL DEPARTMENT

PERSONNEL ACTION (MARK ALL BOXES THAT APPLY)

<input type="checkbox"/> Pay Rate Change	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Phone Number Change	<input type="checkbox"/> New Hire
<input type="checkbox"/> Promotion	<input type="checkbox"/> Return from Absence	<input type="checkbox"/> Address Change	<input type="checkbox"/> Retirement
<input type="checkbox"/> Demotion	<input type="checkbox"/> Job Reclassification	<input type="checkbox"/> Name Change	<input type="checkbox"/> Rehire
<input type="checkbox"/> Transfer	<input type="checkbox"/> Termination	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Other

PERSONAL INFORMATION

FULL NAME _____	EMPLOYEE ID # _____
ADDRESS _____	
CITY _____	STATE _____
ZIP _____	PHONE NUMBER _____

ACTION TO BE TAKEN

Effective Date _____	Department _____	Position _____	<input type="checkbox"/> Full-Time
Job Class _____	Job Location _____		<input type="checkbox"/> Part-Time
GL Org # _____	GL Obj # _____		<input type="checkbox"/> Temp/Seasonal
Current Rate _____	New Rate _____		<input type="checkbox"/> Rehire: Y OR N
Last Day Worked _____			RETRO <input type="checkbox"/> YES <input type="checkbox"/> NO

SEPARATION/TERMINATION/LEAVE OF ABSENCE (detailed reason & info required)

<input type="checkbox"/> Voluntary _____	<input type="checkbox"/> Retirement _____
<input type="checkbox"/> Involuntary _____	<input type="checkbox"/> Death _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Leave of Absence _____

ADDITIONAL INFORMATION

AUTHORIZING SIGNATURES

Dept. Head/Authorized Personnel _____ Date _____

*Form must be scanned to personnel@holyoke.org

*Name changes & marital status should be supported by appropriate documentation.

*D.H. or authorized signature required for all actions except address/phone change.