



Personnel Action Form

Action: [] Pay Rate Change [] Promotion [] Demotion [] Transfer [] Leave of Absence [] Return from LOA
[] Job Reclassification [] Address/Phone Change [] Name Change [] Marital Status
[] New hire [] Termination [] Retirement [] Rehire

Effective Date: _____ Employee #: _____

Department: _____ Employee Name: _____

(New) Employee name: _____
(Last) (First) (Middle)

(New) Address: _____

_____ (New) Phone#: _____
City State Zip

(New) Marital Status: [] Single [] Married [] Separated [] Divorce [] Widowed

(New) Position Title: _____ (New) Department: _____

(New) G.L. Acct. Org: _____ Obj: _____ [] Full-time [] Part-time

Current Rate: _____ (New) Rate: _____ Retro? [] Yes [] No

Reason for Termination (***) Detailed Reason and Info required)

- [] Vol-Relocated [] Invol-Attendance [] Retirement
[] Vol-School [] Invol-Insubordination [] Death
[] Vol-Other Position [] Invol-Tardiness [] Vol-Job Abandonment
[] Vol-Failure Ret from LOA [] Invol- Unsatisfactory Per [] Vol-Not Eligible for LOA
[] Vol-Health Reason [] Invol- Falsification of Doc [] Exhausted LOA
[] Vol-Personal Reason [] Invol-Destruction of City Property [] Violation of City Policy ***
[] Vol-Refused Transfer [] Other ***

***Comments: _____

Rehire? [] Yes [] No *** If no, why: _____

Last Day Worked: _____

Department Head or Authorized Signature: _____

Today's Date: _____

*Form must be scanned to personnel@holyoke.org & rodriguez@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.