

PERSONNEL ACTION FORM

Name: _____ **Date:** _____

Position: _____ **Job Classification (circle):** FT PT Cas Temp

Changes	Pay Rate	Job Classification	Job Title Trade Type
(circle applicable change):	New Hire:	FT PT Cas	
- New Hire	From:	FT PT Cas	
- Pay Rate	To:	FT PT Cas	
- Job Title	Probation Date _____ Significant Date _____		
- Address	Address: _____		
- Bank Account	Suburb: _____ Postcode: _____ Mobile/ph: _____		
	Bank: _____ Branch: _____		
	BSB no: _____ Account: _____		

Leave (please circle)

Annual	AL	From: _____	To: _____	
Sick	S	Total Working Days: _____		
Without Pay		Date returning to work: _____ Hours per day: _____		
LWOP		Reasons for leave: _____		
Bereavement	B	Medical Certificate: Yes No Leave Approved: Yes No		
Workers Comp	WC			
Day in Lieu	DIL			
Parental	PL			
Long Service	LSL			
Business Travel	BTL			
Other				

Day	Date	Leave Type	Hours per day	Day	Date	Leave Type	Hours per day
Mon				Mon			
Tues				Tues			
Wed				Wed			
Thu				Thu			
Fri				Fri			
Sat				Sat			
Sun				Sun			

Termination (please circle)

Resignation Last day of work: _____ Date notice given: _____

Dismissal

Redundancy Eligible for rehire YES/NO, Reason: _____

Employee Signature: _____ Date: _____

CEO or Manager Signature: _____ Date: _____

CEO signature required for changes in salary, pay rates, job title and new positions