



PERSONNEL ACTION FORM

Employee Name: _____ S.S. Number: _____
Client Name: _____

Address, Phone, or Name Change

New Address: _____ City/State/Zip: _____
New Phone Number: _____ Name Change: _____

Change of Status/Reduction in Hours

Effective Date: _____ Average Hrs per pay period: _____
 Full time Part time

Pay Rate/Classification Change

Pay rate change: From \$ _____ To \$ _____ per pay Hour Week Bi-Weekly
 Semi-monthly Annually
Pay classification: Hourly Salary Effective Date: _____

Job Change

New Title: _____
Department: _____ W/C code Change: _____

Rehire

Effective Date: _____
Salary: _____ Title: _____

Leave of Absence

FMLA Military Sickness/Accident (other than FMLA)
 Other (please Specify): _____

Expected Return: _____ Actual Return: _____

Remarks

Signatures

Employee Signature: _____ Date: _____
Employer Signature: _____ Date: _____

For DAS internal use only

Date received: _____ Date entered: _____ By: _____
E-mail to: dashr@deltapeo.com OR Fax to: (504) 212-0094