

Choctaw Archiving Enterprise

Employee Action Notice

Date:	Prepared By:	PM - ID # :
EMPLOYEE INFORMATION		
First Name:	Middle Name:	Last Name:
Maiden Name:	Social Security Number:	
Address:		
City:	State:	Phone Number:
POSITION INFORMATION		
<input type="checkbox"/> New Employee <input type="checkbox"/> Rehire <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Program:	Position Title:	
Work Location:	Company Code:	
Rate of Pay:	Salary:	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other___
Budgeted Salary:	Leave Benefit:	
Effective Date:	SCA Seniority Date:	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Comments:		
STATUS CHANGE INFORMATION		
Position Change	From:	To:
Salary Change	From:	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year
	To:	<input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year
Status Change	From:	To:
Funding Change	From:	To:
Effective Date:		
Comments:		
TERMINATION INFORMATION		
<input type="checkbox"/> Quit <input type="checkbox"/> Resigned <input type="checkbox"/> Dismissed <input type="checkbox"/> Other		
Effective Date:	Last Day Worked:	Pay Through:
Subject for Re-Hire <input type="checkbox"/> Yes <input type="checkbox"/> No	Hold Final Check for Exit/Property Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No	
(Personnel Office Use Only) Accrued Leave To Be	Comments:	
Paid: Yes No _____ Hours		
APPROVALS (Please sign)		
Managing Officer	Committee Member	Committee Member