Notice of Personnel Change

Employee Name: _____ Date: _____

Complete items only if changed.

Address:

_____

City: _____ State: ___ Zip: _____ Telephone: _____

Job Title: _____ Grade: _____

Department: _____ Location: _____ Hrs/Wk: _____

Department: _____ Location: _____ Hrs/Wk: _____

Department: _____ Location: _____ Hrs/Wk: _____

Employee Signature: _____

Termination

□ Voluntary □ Involuntary

Last Date Worked: _____

□ Resignation Letter Attached

_____ _____

Supervisor's Signature (Terminations Only) Date

PLEASE RETURN ENTIRE FORM TO HUMAN RESOURCES FOR FILING.