



HOUSE of REPRESENTATIVES  
STATE OF MICHIGAN

HUMAN RESOURCES/10 SOUTH HOB  
Personnel Action Form

EMPLOYEE INFORMATION

\*Required fields for New Hires

EMPLOYEE NAME \* MEMBER / SECTION OFFICE LOCATION / PHONE

PERSONAL EMAIL \* PERSONAL PHONE \*

☐ NEW EMPLOYEE

EFFECTIVE DATE: .....

TITLE: .....

STATUS:

- ☐ FULL TIME: ..... /ANNUAL SALARY ..... ☐ REDUCED WORK WITH BENEFITS: ..... /HOUR ..... HOURS PER PAY PERIOD: .....  
(Minimum 20 hours per week/40 hours per pay period) ANTICIPATED ENDING DATE: .....
- ☐ PART-TIME WITH BENEFITS: ..... /HOUR ..... HOURS PER PAY PERIOD: ..... ☐ PAID INTERN: ..... /HOUR ..... HOURS PER PAY PERIOD: .....  
(Minimum 25 hours per week/50 hours per pay period) (Maximum 20 hours per week/40 hours per pay period) ANTICIPATED ENDING DATE: .....
- ☐ PART-TIME (WITHOUT BENEFITS): ..... /HOUR ..... HOURS PER PAY PERIOD: ..... ☐ VOLUNTEER INTERN (UNPAID): ..... HOURS PER PAY PERIOD: .....  
(Maximum 25 hours per week/50 hours per pay period) (Maximum 20 hours per week/40 hours per pay period) ANTICIPATED ENDING DATE: .....

☐ CHANGE

EFFECTIVE DATE\*: .....

- ☐ ANNUAL SALARY: FROM ..... TO ..... \* (EFFECTIVE ON THE FIRST DAY OF A PAY PERIOD)
- ☐ HOURLY SALARY: FROM ..... /HOUR TO ..... /HOUR
- ☐ HOURS: FROM ..... /PAY PERIOD TO ..... /PAY PERIOD
- ☐ REDUCED SCHEDULE: FROM ..... /PAY PERIOD TO ..... /PAY PERIOD
- ☐ JOB TITLE: FROM ..... TO .....
- ☐ SECTION: FROM ..... TO .....
- ☐ LOCATION: FROM ..... TO .....

☐ TERMINATION

EFFECTIVE DATE: .....

- ☐ VOLUNTARY RESIGNATION ☐ RETIREMENT
- ☐ TERMINATION OF AT-WILL EMPLOYMENT ☐ TRANSFER AGENCY: .....
- ☐ OTHER .....

Please send to: Human Resources,  
10th Floor, South Tower, House  
Office Building

Tel: 373-3069  
Fax: 373-5816

  
REPRESENTATIVE / STAFF DIRECTOR APPROVAL DATE

LEADERSHIP APPROVAL DATE

LEADERSHIP APPROVAL DATE

FOR HUMAN RESOURCES USE ONLY

RECEIVED DATE

ENTERED DATE