



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:

- Radio button options for employment status: Full Time, Reduced Work with Benefits, Part-time with Benefits, Part-time (without Benefits), Paid Intern, Volunteer Intern (Unpaid). Includes fields for annual salary, hourly rate, and anticipated ending date.

CHANGE

EFFECTIVE DATE*:

- Radio button options for changes: Annual Salary, Hourly Salary, Hours, Reduced Schedule, Job Title, Section, Location. Includes 'FROM' and 'TO' fields and a note: '(EFFECTIVE ON THE FIRST DAY OF A PAY PERIOD)'

TERMINATION

EFFECTIVE DATE:

- Radio button options for termination: Voluntary Resignation, Termination of At-will Employment, Other, Retirement, Transfer Agency.

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

Tel: 373-3069
Fax: 373-5816

Handwritten signature: Ryan Boldt
REPRESENTATIVE / STAFF DIRECTOR APPROVAL DATE
LEADERSHIP APPROVAL DATE
LEADERSHIP APPROVAL DATE

FOR HUMAN RESOURCES USE ONLY
RECEIVED DATE
ENTERED DATE