DOUGLAS-CHEROKEE ECONOMIC AUTHORITY
PERSONNEL ACTION FORM

Date of Hire, Change or Termination	Name of Employee	Employee #	Date of Hire

Action Being Taken (check all that apply):

						This information needed only at time of hire:	
New Hire:		Salary Change:		Change in Hours:		Social Security #:	
Transfer:		Rehire:		Leave (describe in remarks):			
Promotion:		Termination:		Other (describe in remarks):		Birth Date:	

CURRENT			CHANGE TO		
Job Title:			Job Title:		
Position:			Position:		
Current Program:			New Program:		
Salary Grade:		Current Cost Center/Distribution Code:	Salary Grade:		Current Cost Center/Distribution Code:
Scheduled Hours:		Months Per Year:	Scheduled Hours:		Months Per Year:
Certified Teacher:		Amount of Education:	Certified Teacher:		Amount of Education:
Exempt:		Non-Exempt:	Exempt:		Non-Exempt:
Regular Full-Time:		Temporary:	Regular Full-Time:		Temporary:
Regular Part-Time:		Substitute:	Regular Part-Time:		Substitute:
Emergency Hire:		Lay-Off Option:	Emergency Hire:		Lay-Off Option:
Grades Certified For:		Participant:	Grades Certified For:		Participant:
Status:	Regular	Orientation	Status:	Regular	Orientation

Current Salary:

Hourly Rate:	Annual Rate:		New Salary: Hourly Rate:	Annual Rate:

Reason for Salary Change: (COL, Merit, Promotion, Transfer, Other) indicate below: | *Reason for Salary Change: (COL, Merit, Promotion, Transfer, Other) indicate below:*

Worksite | Worksite

Complete all below that apply for web timesheets. Must have at least MANAGER AND SUPERVISOR: | *Complete all below that apply for web timesheets. Must have at least MANAGER AND SUPERVISOR:*

Manager:		Manager:	
Supervisor:		Supervisor:	
Secondary Supervisor:		Secondary Supervisor:	
Time Sheet Approver:		Time Sheet Approver:	

Remarks: If employee terminating, put termination date below. Term date is last day worked. For HS/EHS put # of weeks worked in year.

Approvals:

PROGRAM DIRECTOR	DATE	HUMAN RESOURCES	DATE	EXECUTIVE DIRECTOR	DATE

EMPLOYEE SIGNATURE   DATE:

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