



Archdiocese of Agaña
 196 Cuesta San Ramon, Ste. B, ■ Hagåtña, GU 96910
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**PERSONNEL ACTION
FORM**

EMPLOYEE NAME		EMPLOYEE NO.	DATE SUBMITTED	
JOB TITLE		DIVISION/DEPARTMENT	EFFECTIVE DATE	
ADDRESS			TELEPHONE NO.	
DATE OF BIRTH	MARITAL STATUS	SEX (PLS. ENCIRCLE) MALE _____ / FEMALE _____		
SOCIAL SECURITY NUMBER		TAX EXEMPTION		
_____ NEW HIRE / _____ REHIRE / _____ REINSTATE				
HIRE DATE		REHIRE DATE	REISTATE DATE	
RATE OF PAY <input type="checkbox"/> HOURLY RATE: \$ _____ <input type="checkbox"/> SALARIED: \$ _____ MONTH/YEAR				
CLASSIFICATION <input type="checkbox"/> Regular FT <input type="checkbox"/> Regular PT <input type="checkbox"/> Temporary <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON EXEMPT				
CHANGE OF EMPLOYMENT STATUS				
TYPE OF CHANGES	EFFECTIVE DATE	ACTION TAKEN	REASON	EFFECTIVE DATE
DEPARTMENT				
WAGES				
CLASSIFICATION				
JOB TITLE: PROMOTION/DEMOTION				
WEEKLY HOURS				
OTHERS				
EMPLOYMENT SEPARATION				
LAST DAY WORKED		ELIGIBLE FOR REHIRE? _____ YES _____ NO		
VOLUNTARY (ATTACHED RESIGNATION)		INVOLUNTARY (ATTACHED DOCUMENTATION)		
<input type="radio"/> Another Job <input type="radio"/> Dissatisfied w/job or wages <input type="radio"/> Change of residence <input type="radio"/> Attend School <input type="radio"/> Seek other employment <input type="radio"/> Other (explain) _____		<input type="radio"/> Lay off <input type="radio"/> Unsatisfactory job performance <input type="radio"/> Absenteeism/Tardiness <input type="radio"/> Physical Incapacity <input type="radio"/> Violation of company policy <input type="radio"/> Other (explain) _____		
ACCOUNTING / HR CLEARANCE (Please Initial)		Payout:		
_____ Company Property \$ _____	_____ Other Insurance \$ _____	Accrued Vacation Leave	_____	\$ _____
_____ Health Insurance \$ _____	_____ Fleet Gas Card \$ _____	Others	_____	\$ _____
EMPLOYEE SIGNATURE	DATE	HUMAN RESOURCES	DATE	
SUPERVISOR	DATE	FINANCE OFFICER	DATE	
DEPARTMENT HEAD	DATE	VICAR GENERAL	DATE	