



Archdiocese of Agana

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PARISH

PERSONNEL ACTION FORM

| | | | | |
|--|--------------------------------|---|------------------------------|---------------------------------------|
| EMPLOYEE NAME | | EMPLOYEE NO. | DATE SUBMITTED | |
| JOB TITLE | | PARISH NAME | PARISH LOCATION | 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 | REINSTATE 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 \$ _____ | ____ Health Insurance \$ _____ | ____ Other Insurance \$ _____ | ____ Fleet Gas Card \$ _____ | Accrued Vacation Leave _____ \$ _____ |
| | | | | Others _____ \$ _____ |
| EMPLOYEE SIGNATURE | DATE | HUMAN RESOURCES | DATE | |
| PARISH PASTOR | DATE | FINANCE OFFICER | DATE | |
| DEPARTMENT HEAD | DATE | VICAR GENERAL | DATE | |