

PERSONNEL ACTION FORM – *changes only*

ACI -Dungarvin

Check all boxes that apply Address Change **Name Change:** Please provide license and SS card reflecting name change
 Phone # Change Email Address Change Emergency Contact Change Other: _____

EMPLOYEE INFO	Employee #	First Name	MI	Last Name	If Name Change, state previous last name		
	Mailing Address (Be sure to include Apt/Suite/Lot/etc #)			City	State	Zip Code	Last 4 digits of SS#
	Physical Address (If same as Mailing Address, please put "NA") NA				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)		
	Primary Phone Number <input type="checkbox"/> cell <input type="checkbox"/> home		Alt. Phone Number <input type="checkbox"/> cell <input type="checkbox"/> home		Email Address		
	Emergency Contact Name		Relationship of contact to employee		Emerg. Cont. Ph# – <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other		

Employee Printed Name _____ Signature _____ Date _____

↓ ADMINISTRATION USE ONLY ↓

ACTION	<input type="checkbox"/> Pay Change <input type="checkbox"/> Mileage Change <input type="checkbox"/> Supervisor Change <input type="checkbox"/> Region Change/Addition <input type="checkbox"/> Benefit Category Change
	<input type="checkbox"/> Other: _____

POSITION	Job Title: _____	Date of Hire: _____	
	Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Seasonal	Benefit Category (HR Use Only): <input type="checkbox"/> A-1 (30hrs and below) <input type="checkbox"/> B-1 <input type="checkbox"/> A-2 (30-35 hrs) <input type="checkbox"/> B-2 <input type="checkbox"/> A-3 (36hrs and above) <input type="checkbox"/> C <input type="checkbox"/> D	Primary Supervisor: _____ Additional Supervisor: _____
	Location – Please select all locations in which this person will be working <input type="checkbox"/> Central Office <input type="checkbox"/> Fayetteville Periodic <input type="checkbox"/> New Bern <input type="checkbox"/> Wake Periodic <input type="checkbox"/> Wilmington Admin <input type="checkbox"/> E. City Admin <input type="checkbox"/> Henderson Admin <input type="checkbox"/> PVGH <input type="checkbox"/> Wallace Admin <input type="checkbox"/> Wilmington Periodic <input type="checkbox"/> E. City Periodic <input type="checkbox"/> Henderson Periodic <input type="checkbox"/> Wake Admin <input type="checkbox"/> Wallace Periodic <input type="checkbox"/> Winston-Salem <input type="checkbox"/> Fayetteville Admin <input type="checkbox"/> Jacksonville		

PAYROLL DATA	Service Type	Pay Rate	Service Type	Pay Rate
		Administrative Assistant (fill-in)	\$ 9.00	PA/B3 Respite
	Enhanced PCS/RSP	\$ NA	Respite	\$ NA
	Group Home	\$ NA	SE/IS	\$ NA
	CLS	\$ NA	Other: _____	\$ NA
	CN/DT Para	\$ NA	Salary (professional EE)	\$ NA
	Minimum Wage	\$ 7.25/hour	Mileage Cap per Week	NA

CHANGES	Effective Date of Change	Reason for Change
	Comments:	

ACI-Dungarvin Rep. & Title _____ Signature _____ Date _____

HR USE ONLY
Entered by: _____
Verified by: _____