

HOUSING AUTHORITY CITY OF MILWAUKEE

PERSONNEL ACTION FORM

Name: _____ Date of Action: _____
Address: _____ Date of Hire: _____
_____ Effective Date: _____

STATUS:

- | | | | | | |
|---------------------------------------|---|-------------------------------------|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Exempt | <input type="checkbox"/> Non-Exempt | <input type="checkbox"/> Temporary | <input type="checkbox"/> Earnings Adjustment | <input type="checkbox"/> FMLA |
| <input type="checkbox"/> Replacement | _____ | | | <input type="checkbox"/> Transfer | <input type="checkbox"/> Layoff |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time, Wkly Hrs: _____ | <input type="checkbox"/> Promotion | <input type="checkbox"/> Resignation | | |
| <input type="checkbox"/> Budgeted | <input type="checkbox"/> Non-Budgeted | <input type="checkbox"/> Demotion | <input type="checkbox"/> Discharge | | |
| <input type="checkbox"/> Other: _____ | | | | | |

POSITION Job Title and Dept/Code: _____

COMPENSATION Salary (Annual): _____ (Hourly): _____

EARNINGS ADJUSTMENT Old: Salary (Annual): _____ (Hourly): _____

New: Salary (Annual): _____ (Hourly): _____

POSITION CHANGE Old Job Title and Dept/Code: _____

FMLA/LEAVE OF ABSENCE Reason: _____

Last Day of Work: _____ Expected Date of Return: _____

DISCHARGE Reason: _____

Was an Exit Interview completed? Yes No If NO, reason: _____

Was Company property returned? Yes No If NO, list items to be returned: _____

Is employee eligible for vacation pay? Yes No If YES, Payroll to provide number of hours: _____

SIGNATURES

Human Resource Manager **Date**

Supervisor **Date**

Department Head **Date**

Chief Financial Officer **Date**

Secretary-Executive Director **Date**

Payroll **Date**