CareLink Personnel Action Form

Effective Date:	Employee Name:	ID#:
Hired (application, resume, references attached)	Voluntary Termination	Merit Increase%
Rehired	Involuntary Termination	Scale Increase%
Promotion	Layoff	Re-evaluation of Job
Transfer	Leave of Abesnce Type:	Return Last Day Date: Worked:
Other (Specify):		
Program Distribution:	From	То
Department:		
Job Title		
Location:		
Supervisor:		
Rate:		
Schedules Days & Hours:		
Hours per Week:		
Change Address To:		Office Use Only:
President/CEO Signature	Date	Human Resources Signature Date
Benefits/Payroll Deductions		
Add Change Delete		
	_	Effective Date Deduction
Health Care (Employee	Coverage Employee/Child	
C Employee/Spouse	Family	
Dental/Vision	-	
C Employee	C Employee Family	
Voluntary	/ Life Child	
O Spouse	\checkmark	
Cafeteria Plan		
O Medical Reimbursement	C Childcare	
401(k	:) % Agency Match	
Entered:		

Human Resources

Payroll

Sent to Payroll