

COMMUNITY ACTION TEAM, INC.

Employee Action Notice

Employee Name: _____
Address: _____

Date: _____
Home Phone: _____
Date of Birth _____

New Employee Re-Hire Additional Position
Introductory/Probationary Regular Temporary Exempt Conditional
Full Time Part Time Hours Per Week _____
Position: _____ Step _____ Work Location _____
Rate of Pay \$ _____ Per hour _____ Per Month _____ Effective Date: _____

POSITION CHANGES

Position: _____ From Step _____ \$ _____
Position: _____ To Step _____ \$ _____
Effective Date _____ Per hour Per Month

AND/OR LOCATION CHANGES

From _____ To _____
Effective Date: _____
Reason for changes: _____

Resigned **Terminated** **Suspension** **Lay off** **Expected Date of Return** _____

Last Day of Work: _____ *(Final time sheet attached)*

Comments: _____

Forwarding Address _____

This Employee Action Notice is not a contract or legally binding agreement and is subject to change.

Staff Signature

Date

Approved By

Title

Date

Approved By

Title

Date

Approved By

Executive Director

Date