COMMUNITY ACTION TEAM, INC.

Employee Action Notice

Employee Name: _____ Date: _____
Address: _____ Home Phone:_____
_____

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