



# City of Asotin

Phone: 509-243-4411 PO Box 517 121 Cleveland Street Asotin WA 99402 Fax: 509-243-1223

## Personnel Action Form

Date \_\_\_\_\_  
Department \_\_\_\_\_  
Employee \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

**Send all new employees to the Clerk/Treasurer to sign up for benefits**

<input type="checkbox"/> New Hire	<input type="checkbox"/> Hire	<input type="checkbox"/> Status Change	<b>Status Change</b>
<input type="checkbox"/> Rehire	Proposed effective date _____		<input type="checkbox"/> Reclassification
<input type="checkbox"/> Temporary	Job Title _____ To _____		<input type="checkbox"/> Transfer
<input type="checkbox"/> Duration _____	Salary _____ To _____		<input type="checkbox"/> Personal Info
<input type="checkbox"/> Regular	Anniversary Date _____ To _____		<input type="checkbox"/> Salary Change
<input type="checkbox"/> Full Time	Vacation Rate _____ To _____		<input type="checkbox"/> Evaluation Completed
<input type="checkbox"/> Part Time	Hrs/day _____		
	Week _____		
	Month _____		
<input type="checkbox"/> New Position Created (Resolution# _____)			
<input type="checkbox"/> Layoff			

**Termination :** Eligible For Rehire  Yes  No

<input type="checkbox"/> Voluntary	Last day worked _____	Accrued Vacation Payable _____
<input type="checkbox"/> Involuntary	Date current benefits end _____	Accrued Sick Leave Payable _____
		Final Check Issue Date _____

**Leave of Absence: From Date:** \_\_\_\_\_ **To Date:** \_\_\_\_\_

<input type="checkbox"/> FMLA	<input type="checkbox"/> Military	<input type="checkbox"/> With Pay	<input type="checkbox"/> Without Pay	<input type="checkbox"/> Vacation
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Jury/Court	<input type="checkbox"/> Maternity	<input type="checkbox"/> Non- Medical	<input type="checkbox"/> Sick

City  will or  will not pay Benefits for:  Employee  Dependents Benefits

Employee \_\_\_\_\_ Date \_\_\_\_\_ Department Head \_\_\_\_\_ Date \_\_\_\_\_

Clerk/Treasurer \_\_\_\_\_ Date \_\_\_\_\_ Mayor \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved