



Let's Grow Together

Human Resources Action Form

Employee Name: _____ Effective Date: _____

Home Address: _____

_____ County: _____

Telephone Number: _____

Position Title: _____

Department: Rehab _____ Administrative _____ Behavioral Health _____

Status: Full-Time _____ Part-Time _____ PRN _____

Social Security #: _____

Birthdate: _____

Employment

New Hire _____

Annual Evaluation _____

Termination _____

Full-time Benefits

PDO _____ No _____ Yes Start Accrual: _____

Health _____ No _____ Yes Eligibility Date: _____

Life _____ No _____ Yes Eligibility Date: _____

Compensation:

Current Pay _____ Annual Salary Adjusted Pay _____ Annual Salary

_____ Hourly Rate _____ Hourly Rate

_____ Per Visit Rate _____ Per Visit Rate

Travel _____

Approval:

Employee Signature _____

Date_____

1st Level Supervisor _____

Date_____

2nd Level Supervisor _____

Date_____

Human Resources _____

Date _____

Comments:
