



Odyssey Associates

PERSONNEL ACTION FORM

Client _____ Employee _____

Instructions

Check the appropriate box and fill in the information in the blanks below.

<input type="checkbox"/> Pay Increase	<input type="checkbox"/> Promotion	<input type="checkbox"/> Change of Address (Attach new W-4)
<input type="checkbox"/> Pay Decrease	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Change of Dependents (Attach new W-4)
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Termination	<input type="checkbox"/> Other (specify) _____

Change in Pay or Classification

From _____ To _____

Pay _____ per _____ Pay _____ per _____

Classification _____ TO BE EFFECTIVE _____

Termination

Laid off for lack of work Discharged Left work voluntarily Other reason

FINAL DATE OF EMPLOYMENT _____

Reason for Termination (required): _____

Eligible for Rehire? YES NO

Other (deductions, leave of absence, etc.)

Client Signature

Date

Employee Signature

Date