

PERSONNEL CHANGE NOTIFICATION FORM (PCN) To Be Completed By Supervisor

EMPLOYEE PERSONAL INFORMATION

Name: _____ SSN: _____ Home Phone: (____) _____
 -- Name Change: ___ Yes, Provide copy of S.S. card with new last name to Human Resources with PCN.
 -- Address changes updated by employee in ADP Portal. -- HR uses Form W4 for new employee address.

Please Circle: **New Hire** Replacement -Provide Name of previous employee _____
Re- Hire Headcount Increase (REQUIRES EXECUTIVE AUTHORIZATION)
Working Interview

Effective Date: _____ **Job Title:** _____ **Manager:** _____ **Location Name:** _____

Starting salary or Hourly Rate: _____ Per Hour Per Bi-weekly
 Per Semi-Monthly

Status: **Type of Status:**
 Full-time Hourly
 Part-time Salaried
 Working Interview

JOB INFORMATION (CHANGE/TRANSFER)

<p>Current Position:</p> <p>Current Location: _____ Current Job Title: _____</p> <p>Current Status: ___ F/T ___ P/T Current Supervisor: _____</p> <p>Current Salary \$ _____ (Hourly Rate, Biweekly Salary, Semimonthly Salary)</p>	<p>Change to: Effective Date: _____</p> <p><input type="checkbox"/> Merit <input type="checkbox"/> Promo <input type="checkbox"/> Transfer Adjustment <input type="checkbox"/> Other _____</p> <p>New Location: _____ New Job Title: _____</p> <p style="text-align: center;">Provide Name of employee replacing:</p> <p>_____</p> <p>New Status: ___ F/T ___ P/T New Supervisor:: _____</p> <p>New Salary \$ _____ (Hourly Rate, Biweekly Salary, Semimonthly Salary)</p>
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LEAVE OF ABSENCE (LOA)

Type of Leave: **Reason for Leave:** _____
 FMLA **Last Day Worked:** _____
 Military **Duration of Leave from:** _____ to _____
 Funeral Leave **Estimated Return Date:** _____ **Actual Return Date:** _____
 Other _____

TERMINATION

<p>Type of Termination:</p> <p><input type="checkbox"/> Voluntary <input type="checkbox"/> In-Voluntary (Write-up Attached) <input type="checkbox"/> Laid-Off <input type="checkbox"/> Unable to Return from LOA</p>	<p>Eligible for Re-Hire:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Actual Last day Worked: _____</p>	<p>Resignation Letter:</p> <p><input type="checkbox"/> Yes--Attached <input type="checkbox"/> No</p> <p>Termination Date: _____</p>
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EMPLOYEE SIGNATURE AND AUTHORIZATIONS

Comments: _____

I hereby certify that all information on this form is accurate. I also authorize the changes required by the proposed change of status:

Manager (Print Name) _____	Signature _____	Date _____
Regional Manager (Print Name): _____	Signature _____	Date: _____
Executive Mgmt. _____	Signature _____	Date _____
Employee (Print Name): _____	Signature _____	Date: _____