

**EMPLOYEE ACTIVITY FORM**  Transfers  Terminations **Section A (1, 2, 3, 4) Section B (1,2,3,4) Section C (Wage) Section F, G (add)**

**Supervisor: TURN FORM INTO HR. TRANSFER LETTER WILL BE COMPLETED AND HR WILL INFORM SUPERVISOR. TRANSFER MAY BE REQUIRED TO COMPLETE A DMV FORM AND DRIVER/NON-DRIVER FORM DEPENDING ON DRIVING REQUIREMENTS.**

**Section A-General Information**

<b>Employee Name</b>	<b>2. Today's Date</b>	Employee ID
<input type="checkbox"/> Status Change (A, B, F) <input type="checkbox"/> Position/Title Change (A, B, F, G) <input type="checkbox"/> Name Change (Document Req.) <input type="checkbox"/> Termination (A, D, F, G)	<input type="checkbox"/> Rehire (A, B, C, F) <input type="checkbox"/> Salary Change(A, C, F, G) <input type="checkbox"/> Promotion/Demotion (A, B, C, F, G) <input type="checkbox"/> Address Change (A)	<input type="checkbox"/> Transfer (A, B, C, F, G) <input type="checkbox"/> Leave of Absence (A, E, F) <input type="checkbox"/> Other Change (A, G)

**Section B-Employment Information for Transfers**

CURRENT		CHANGE TO (IF APPLICABLE)	
<b>1. Department:</b>	<b>2. Work Site:</b>	Department:	Work Site and Driving Information
<b>3. Hours</b> <input type="checkbox"/> FT (40 hours) <input type="checkbox"/> FT(37.5 hours) <input type="checkbox"/> FT (30-37.5 hours) <input type="checkbox"/> (PT < 30 hours) <input type="checkbox"/> On Call	<b>4. DOL Type</b> <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Full Time (40 hours) <input type="checkbox"/> FT(37.5 hours) <input type="checkbox"/> FT (30-37.5 hours) <input type="checkbox"/> (PT < 30 hours) <input type="checkbox"/> Temporary	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Driving: <input type="checkbox"/> Will staff member drive <input type="checkbox"/> Personal Vehicle and/or <input type="checkbox"/> Agency Vehicle

**Section C-Wage if different complete below**

**No wage rate remains the same**

<input type="checkbox"/> Hourly Rate \$ _____, or <input type="checkbox"/> Salary of \$ _____	Date of Last Increase:	<input type="checkbox"/> Hourly Rate \$ _____, or <input type="checkbox"/> Salary of \$ _____	% Increase
Reports to:	Reports to:		

**Section D-Separation THIS SECTION FOR TERMS**

**Section E-Leave of Absence**

Last Date Worked or to be Worked (Attach term letter, email, text, etc.:  _____ Note: Complete Section G.	Reason for Separation: <input type="checkbox"/> Resignation "retired" <input type="checkbox"/> Discharge <input type="checkbox"/> Lay Off	1st Date of Leave:	Reason for LOA <input type="checkbox"/> Medical <input type="checkbox"/> Personal <input type="checkbox"/> Family <input type="checkbox"/> Maternity <input type="checkbox"/> Work Comp <input type="checkbox"/> Other
		Est. Return:	
		Actual return:	

**Section F-Approvals (Signatures)**

**Section G-Comments/Network Access/Fuel Card**

Supervisor:	1. <b>Add</b> <input type="checkbox"/> Office 365 <input type="checkbox"/> AcellTrax <input type="checkbox"/> Provide <input type="checkbox"/> Both (if Supervisor) <input type="checkbox"/> Fuel Card <input type="checkbox"/> Paylocity <input type="checkbox"/> Other: _____ 2. <b>Remove</b> <input type="checkbox"/> Office 365 <input type="checkbox"/> AcellTrax <input type="checkbox"/> Provide <input type="checkbox"/> Both (if Supervisor) <input type="checkbox"/> Fuel Card <input type="checkbox"/> Payroll System <input type="checkbox"/> Other: _____ List access to Drives/Folders below
Director:	
HR: _____ CEO (IF APPLICABLE): _____	
COBRA Notification Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Earned unused PTO: _____/hrs. Date Paid: _____ Acct. Initials: _____