

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

Employee Name	2. Today's Date	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)	
1. Department:	2. Work Site:	Department:	Work Site and Driving Information
3. Hours <input type="checkbox"/> FT (40 hours) <input type="checkbox"/> FT(30-39.9 hours) <input type="checkbox"/> PT (<30 hours)	4. DOL Type <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> FT (40 hours) <input type="checkbox"/> FT (30-39.9 hours) <input type="checkbox"/> PT (<30 hours)	<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. Add <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. Remove <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: _____