

COMMUNITY ACTION TEAM, INC.

Employee Action Notice

Employee Name: _____
 Address: _____

Date: _____
 Home Phone: _____
 Date of Birth _____

New Employee Re-Hire Additional Position
 Introductory/Probationary Regular Temporary Exempt Conditional
 Full Time Part Time Hours Per Week _____
 Position: _____ Step _____ Work Location _____
 Rate of Pay \$ _____ Per hour _____ Per Month _____ Effective Date: _____

POSITION CHANGES
 Position: _____ From Step _____ \$ _____
 Position: _____ To Step _____ \$ _____
 Effective Date _____ Per hour Per Month
AND/OR LOCATION CHANGES
 From _____ To _____
 Effective Date: _____
 Reason for changes: _____

Resigned Terminated Suspension Lay off Expected Date of Return _____
 Last Day of Work: _____ (Final time sheet attached)
 Comments: _____
 Forwarding Address _____

This Employee Action Notice is not a contract or legally binding agreement and is subject to change.

 Staff Signature

 Date

 Approved By

 Title

 Date

 Approved By

 Title

 Date

 Approved By

 Executive Director

 Date