



EMPLOYEE ACTION FORM

Scan and E-mail to: payroll@tuckerga.gov			
Effective Date of This Action			
Action Type (Select all that apply)			
<input type="checkbox"/> New Hire	<input type="checkbox"/> Status	<input type="checkbox"/> Transfer	<input type="checkbox"/> Performance Review
<input type="checkbox"/> Re-Hire	<input type="checkbox"/> Separation	<input type="checkbox"/> Promotion	<input type="checkbox"/> Leave of Absence
<input type="checkbox"/> Other:			
Employee Name:			
Last Name	First Name	Middle Initial	

Complete All Previous and New Items that are applicable below		
Item	Previous (if applicable)	New
Department		
Manager Name		
Job Title		
Classification	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
Pay Rate	\$ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Pay Period	\$ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Pay Period Retroactive to
Scheduled Hours	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Full-Time
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Part-Time
	<input type="checkbox"/> Temporary	<input type="checkbox"/> Temporary
Notes		
Leave of Absence		
Type:	<input type="checkbox"/> Personal <input type="checkbox"/> Military <input type="checkbox"/> Medical <input type="checkbox"/> Other	
Employee will begin leave on:		Expected to return on:
<input type="checkbox"/> Update	Employee returned to work on:	

Salary Change: Type	
<input type="checkbox"/> Merit	%
<input type="checkbox"/> Promotion	%
<input type="checkbox"/> Other (Adjustment)	%
Performance Review: Rating	
<input type="checkbox"/> Exceeds Requirements	
<input type="checkbox"/> Meets Requirements	
<input type="checkbox"/> Below Expectations	
Next Review Date	
Separation Reason	
Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Day Worked:	
Pay Through:	

Manager Approval			
	Print Name	Signature	Date
Next Level Manager			
	Print Name	Signature	Date