

Variety FoodServices, Inc.
PERSONNEL ACTION FORM

*Please email this to
hrforms@varietyfoodservices.com*

NEW HIRE / CHANGE OF STATUS / UPDATE PERSONAL INFORMATION / TERMINATION

Facility:	Employee Number:	Today's Date:	Effective Date:
Name: Last	First	Middle	
Address:		Phone #:	

Social Security #:	Date of Birth:	Race:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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☐ **New Hire** ☐ **Change in Status/Position/Rate of Pay** ☐ **Change in Personal Info** ☐ **Resignation** ☐ **Termination**

Description	Position Title/Department Name	Status (FT, PT, LOA)	Shift/Hours	Hourly or Salaried	Rate of Pay
Present Status					
New Status					

Rate Change Reason ☐ **Merit** ☐ **New Job Duties** ☐ **Contractual** ☐ **Annual Performance Review**
ANNUAL PERFORMANCE REVIEW (TO BE COMPLETED BY SUPERVISOR)

☐ Employee is eligible for a rate increase ☐ Employee's performance is currently rated unsatisfactory

Current Hourly Rate: \$ _____ Re-evaluate in _____ months.

Amount of Increase \$ _____

New Hourly Rate: \$ _____

NAME/ADDRESS/PHONE CHANGE (EMPLOYEE USE)

Former Name: _____	New Name: _____
Former Address: _____	New Address: _____
_____	_____
Former Phone: _____	New Phone: _____

TERMINATION (TO BE COMPLETED BY SUPERVISOR)

Date Separation: _____ Last Day Worked: _____ Eligible for Re-hire? ☐ Yes ☐ No

Reason for Leaving: ☐ Accepted Another Job ☐ Dissatisfied w/ Type of Work ☐ Family Reasons

☐ Lack of Hours ☐ Excessive Absenteeism ☐ Failure to Meet Essential Job Functions

☐ Health Reasons ☐ Quit w/out Notice ☐ Retirement

☐ School ☐ Temporary Lay-off ☐ Transportation Issues

☐ Other: _____

HR ONLY:

☐ Remove EMAIL/COMPUTER access

☐ Remove ALARM/DOOR CODE

☐ Cobra letter sent _____

☐ Terminate in TimeTrex

☐ Terminate in Traverse

☐ Terminate any Medical/Dental/Vision Benefits

☐ Combine medical and personnel files and add to term drawer

☐ Collect uniforms, keys, phones, laptops, etc.

I hereby affirm that the information provided on this form is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration; and, may result in discharge.

EMPLOYEE'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE
APPROVAL SIGNATURE	DATE

