# Notice of Personnel Change

|  |  |  |
| --- | --- | --- |
| Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | |

*Complete items only if changed.*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State: \_\_\_ | | Zip: \_\_\_\_\_\_ | Telephone: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Grade: \_\_\_\_\_\_\_\_\_\_ | | | |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Hrs/Wk: \_\_\_\_\_ |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Hrs/Wk: \_\_\_\_\_ |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Hrs/Wk: \_\_\_\_\_ |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Termination**

 Voluntary  Involuntary

Last Date Worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resignation Letter Attached

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature (Terminations Only) Date

PLEASE RETURN ENTIRE FORM TO HUMAN RESOURCES FOR FILING.