

TURTLE MOUNTAIN BAND OF CHIPPEWA

PERSONNEL ACTION FORM

Employee: _____ ID #: _____

Program / Department: _____ Title: _____

TYPE OF ACTION	FROM	TO
<input type="checkbox"/> SALARY / WAGE CHANGE	_____	_____
Back Pay: _____ Hrs. @ _____ / Hour = \$ _____		
<input type="checkbox"/> TERMINATION:	_____	EXPLAIN: _____
<input type="checkbox"/> RESIGNATION:	_____	_____
<input type="checkbox"/> OTHER:	_____	_____
<input type="checkbox"/> JOB TITLE CHANGE:	_____	_____
<input type="checkbox"/> TRANSFER / PROMOTION	_____	_____
<input type="checkbox"/> ACCOUNT NUMBER CHANGE:	_____	_____
<input type="checkbox"/> CYCLE NUMBER CHANGE:	_____	_____
<input type="checkbox"/> ANNUAL LEAVE CHANGE:	_____	HRS / PP _____
<input type="checkbox"/> EMPLOYMENT STATUS CHANGE:	_____	_____
<input type="checkbox"/> EFFECTIVE PAY PERIOD:	_____	_____

PROGRAM DIRECTOR: _____ DATE: _____

PERSONNEL DIRECTOR: _____ DATE: _____

TRIBAL CHAIRPERSON: _____ DATE: _____

SPECIAL NOTES: _____
