PetroChem Inspection Services

PERSONNEL ACTION FORM

Part A – Employee	**Date of Hire**
Employee Name	Birth Date
Address	Gender
	SS #
Telephone Cell	
In Case of Emergency Notify:	
Name	
Address	
	Employee E-mail
Home Phone	Work Phone
Relationship	Cell / pager

Part B – Employer

CHANGE	**NEW / FROM**	**TO**	**STATUS**
Job Title			
Job Class			
Mileage Rate			**Please check the status of the employee:**
Hourly Rate			Overtime Status: ☐ Exempt ☐ Nonexempt
Billing Rate	ST OT	ST OT	☐ Administrative
Salary - Annual			☐ Direct with benefits
Status (FT/PT)			☐ Indirect with no benefits
Project Assigned			

Reasons for Change

☐ New Hire ☐ Re-hire Effective Date _____ PO#: WO#:

☐ Merit Increase Effective Date _____ NOTES:

☐ Project Transfer To _____ Effective Date _____

☐ Termination **REASON** _____ Effective Date _____ Eligible for Rehire ☐ YES ☐ NO

☐ Other (please explain below)

Comments:

VIEWED SAFETY FILMS ☐

TEST SCORES

NOTE – 2 SIGNATURES REQUIRED

Payroll change requested by: _____

Date: _____

Reviewed and authorized by: _____

Date: _____

CONFINED SPACE	
PERSONAL PROTECTIVE EQUIP.	
BLOODBORNE PATHOGENS	
SCAFFOLD	
HAZCOM	
EYE TEST	☐

THIS FORM WILL NOT PROCESS WITHOUT SCORES!