

COMMUNITY NEWSPAPERS, INC.

Personnel Action

- New Employee Internal Transfer Paper-to-Paper Transfer Re-Hire
 Status Change Name Change Address Change Termination

Name		Social Security No.	Payroll No.
Address			
City		State	Zip
Date of Hire	Department	Wage/Salary	<input type="checkbox"/> Hourly or <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time <input type="checkbox"/> Exempt or <input type="checkbox"/> Non-Exempt
Job Title	Date of Birth	<input type="checkbox"/> Male or <input type="checkbox"/> Female <input type="checkbox"/> Married or <input type="checkbox"/> Single	
Tax Information circle one: W-4 _____ number of dependents (M) married (S) single (MS) married filing single (E) tax exempt \$ _____ extra withholding amount NC-4 or _____ number of dependents (M) married (S) single (MS) married filing single (E) tax exempt G-4 \$ _____ extra withholding amount			

Status Change		Effective Date: _____
From:		To:
Exempt/Nonexempt	_____	_____
Part Time/Full Time	_____	_____
Department	_____	_____
Wage/Salary	_____	_____
Position	_____	_____
Other	_____	_____
Reason for Change:		
<input type="checkbox"/> Reclassification <input type="checkbox"/> Demotion <input type="checkbox"/> Merit Increase <input type="checkbox"/> Length of Service Increase <input type="checkbox"/> Promotion		

Termination*	Effective Date: _____	Last Day Worked: _____
<input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Discharge <input type="checkbox"/> Layoff	Eligible for Re-Hire?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
*MUST include reason for termination in "Comments" section.		

Comments:

Signatures:

Associate: _____ Date: _____

Immediate Supervisor: _____ Date: _____

Publisher/Regional Publisher: _____ Date: _____