



Personnel Action Form

Employee Data (Check action to be taken)

Voluntary	<input type="checkbox"/> Resignation <input type="checkbox"/> Failure to return to work as scheduled <input type="checkbox"/> Retirement	<input type="checkbox"/> Failure to report to work for three consecutive days <input type="checkbox"/> Declining and offer of employment while on inactive status <input type="checkbox"/> Completion of Contract
Involuntary	<input type="checkbox"/> Layoff <input type="checkbox"/> Death	<input type="checkbox"/> Termination for cause/dismissal <input type="checkbox"/> End of the inactive status period

Name _____ SSN _____-____-_____

Home Address _____
Street _____ City _____ State _____ Zip _____

Forwarding Address _____
Street _____ City _____ State _____ Zip _____

Telephone Number () _____-_____

Anniversary Date ____/____/____ Original Hire Date ____/____/____

Termination Date ____/____/____ Title _____

Department _____

Reason for Termination _____

Attach letter of resignation, memo indicating reasons for layoff, or progressive counseling or disciplinary action documentation signed by Employee Relations Representative.

Would you consider this employee eligible for re-employment? Yes No
If not, please state reason _____

Last Date Worked ____/____/____ Last Date Paid ____/____/____

* Final pay will be in the form of a check issued no later than the next normal pay period. It may be picked up at KCI Administrative Office on the determined pay date or it will be mailed on the next business day, provided a completed Employee Termination Checklist has been returned.

Authorizations

Print Employee Name _____
Employee Signature _____ Date ____/____/____

Print Supervisors Name _____
Supervisors Signature _____ Date ____/____/____

Human Resources Signature _____ Date ____/____/____



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INSTRUCTIONS TO SUPERVISORS

1. Ask the employee to complete the employee data.
2. Attach any supporting documents.
3. **Anniversary Date** refers to the most recent date of hire into either a full or part-time position. **Original Hire Date** refers to the first date of hire into either a full or part-time position at KCI including any breaks in service. Original hire date need only be completed when applicable.
4. Forward all copies of this form with attachments (if applicable) to the Human Resources Bookkeeper **immediately** upon knowledge of a dismissal, death, or completion of an appointment; or pending resignation, layoff, or retirement.