

Soil & Water

Conservation District

PERSONNEL ACTION FORM

Effective Date: _____

Name: _____ Social Security No. _____

Address: _____ Home Phone No. _____

_____ Position Title: _____

FSLA: Exempt / Non-Exempt

EEO Code: _____

New Hire (<input type="checkbox"/>)	Change (<input type="checkbox"/>)	Explain:

Other Action (<input type="checkbox"/>)	Explain:

.....
Hourly Salary \$ _____ W-4 Status/Exemptions _____
.....

Any Applicable Benefits:

Comments:

Action Approved By: _____ Date: _____
Chairperson