

**TRI-ODYSSEY PEO, INC
PERSONNEL ACTION FORM**

Client _____ Employee _____

Instructions

Check the appropriate box and fill in the information in the blanks below.

____ Pay Increase ____ Promotion ____ Change of Address (Attach new W-4)
____ Pay Decrease ____ Leave of Absence ____ Change of Dependents (Attach new W-4)
____ Payroll Deduction ____ Termination ____ Other (specify) _____

Change in Pay or Classification

From _____ To _____
Pay _____ per _____ Pay _____ per _____
Classification _____ TO BE EFFECTIVE _____

Termination

____ Laid off for lack of work ____ Discharged ____ Left work voluntarily ____ Other reason
FINAL DATE OF EMPLOYMENT _____

Reason for Termination (required): _____

Eligible for Rehire? ____ YES ____ NO

Other (deductions, leave of absence, etc.)

Client Signature

Date

Employee Signature

Rev 06/01/09