ShieldHOTELS

Personnel Action Form (PAF)

Property: (Select) **Reason for PAF:** (Select One)

Employee Information: (Required for ALL Submissions)

First Name: _____ **Middle Name:** _____
Last Name: _____ **Preferred Name:** _____
Social Security Number: _____ **Date of Birth:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone Number: _____ **Email:** _____

Hire Information: (Required for Hires, Rehires, and Changes to Tax Withholdings)

Date of Hire: _____ **Expected Start Date:** _____
Tax Forms Attached: ☐ **Federal** ☐ **State** ☐ **Exemption**

Position/Wage Information: (Required for Hires, Rehires and Changes)

Current Status: (Select) **New Status:** (Use ONLY for Changes) (Select)

Current Position/Wage Information: (Use for New Hires, or to show Position/Wage prior to a change)

Primary Labor Assignment:	(Select)	**Wages:**		**Type:**	(Select)
Secondary Labor Assignment:	(Select)	**Wages:**		**Type:**	(Select)
Tertiary Labor Assignment:	(Select)	**Wages:**		**Type:**	(Select)

New Position/Wage Information: (Use for Changes ONLY)

Primary Labor Assignment:	(Select)	**Wages:**		**Type:**	Salary
Secondary Labor Assignment:	(Select)	**Wages:**		**Type:**	(Select)
Tertiary Labor Assignment:	(Select)	**Wages:**		**Type:**	(Select)

Effective Date: _____ **Next Review Date:** _____ **Reason for Change:** (Select)

Termination Information: (Only for Terminations)

Termination Cause (Select) **Rehire Eligibility** (Select)
Date of Termination: _____ **Last Date Worked:** _____

Comments: (As Needed)

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Authorization:

General Manager Signature: _____ **Date:** _____