



Personnel Action Notification for New/ Rehired Employees

EMPLOYEE PROFILE

Employee: _____ Employee ID #: _____
Dept/Division: _____ Title: _____

CONTACT INFORMATION

Full Legal Name _____
Address: _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ Zip _____
Home Phone: _____ Personal Mobile: _____
_____ Married _____ Single

EMERGENCY CONTACT INFORMATION

Primary Contact: _____
First Last
Relationship: _____ Home: _____ Mobile: _____
Additional Contact: _____
First Last
Relationship: _____ Home: _____ Mobile: _____

NEW/REHIRE EMPLOYMENT INFORMATION

Start Date: _____ Salary: _____ Background
PCN: _____ Pay Level: _____ Pre-Emp Drug
Job Code: _____ Bargaining Unit: _____ E-Verify
Payroll: _____ Employment Type: _____ I-9
Cost Center: _____ New Hire or Rehire: _____ W-4
Division: _____ Orientation Day 1: _____ Park Pass
GL Dept: _____ Orientation Day 2: _____ UTA Bus Pass
Retirement Tier: _____ Comp Date: _____ Personal Leave

Kronos Schedule: _____ Other: _____
(Example: tool/uniform allowance, cert pay)

Supervisor's Signature: _____ (or attach e-mail confirmation)
HR Consultant Signature: _____