



STAFF ACTION FORM

EMPLOYEE NAME: _____

EE NUMBER: _____

OFFICE LOCATION: _____

SUPERVISOR NAME: _____

EFFECTIVE DATE: _____ / _____ / _____
Month / Day / Year

| ACTION CODE | | | | | |
|--------------------------|-------------------------------|----------------------------|-------------------------------|-----------------------------------|--------------------------|
| <input type="checkbox"/> | NEW HIRE | (FILL SECTIONS A & B ONLY) | <input type="checkbox"/> | RATE CHANGE | (FILL SECTIONS B & E) |
| <input type="checkbox"/> | RECALL/REHIRE | (FILL SECTIONS A, B & E) | <input type="checkbox"/> | TERMINATION/ RESIGNATION / LAYOFF | (FILL SECTIONS C, D & E) |
| <input type="checkbox"/> | CLASSIFICATION/ STATUS CHANGE | (FILL SECTIONS B & E) | <input type="checkbox"/> | PERMANENT ADDRESS CHANGE | (FILL SECTION A ONLY) |
| <input type="checkbox"/> | OTHER: | | (FILL COMMENTS SECTION C & E) | | |

| A PERSONAL DATA - ONLY TO BE FILLED BY THE CANDIDATE / EMPLOYEE | |
|---|---|
| LEGAL FIRST NAME: _____ | LEGAL MIDDLE NAME: _____ |
| LEGAL LAST NAME: _____ | DATE OF BIRTH: _____ / _____ / _____ Month / Day / Year |
| S.I.N. _____ - _____ - _____ (IF START WITH A "9" = MUST PROVIDE COPIES OF ALL VALID VISA & PERMIT) | PHONE/CELL: _____ |
| LEGAL ADDRESS: _____ | CITY _____ PROV _____ POSTAL CODE _____ |
| HEALTH CARE #: _____ | DRIVER'S LICENSE #: _____ CLASS: _____ EXP. DATE: _____ / _____ / _____ Month / Day / Year |
| BENEFITS STATUS: <input type="checkbox"/> Single or <input type="checkbox"/> Family | EMAIL: _____ DRIVER'S ABSTRACT PROVIDED <input type="checkbox"/> |
| EMERGENCY CONTACT #1 | EMERGENCY CONTACT #2 |
| FIRST AND LAST NAME #1: _____ | FIRST AND LAST NAME #2: _____ |
| RELATIONSHIP #1: _____ | RELATIONSHIP #2: _____ |
| TELEPHONE #1: (____) _____ - _____ & (____) _____ - _____ | TELEPHONE #2: (____) _____ - _____ & (____) _____ - _____ |
| EMPLOYEE SIGNATURE: _____ | DATE: _____ / _____ / _____ Month / Day / Year |

| B SALARY/ CLASSIFICATION / STATUS - ONLY TO BE FILLED BY THE EMPLOYER | | | | | |
|---|--|--|------------------------------------|--|--|
| NEW HIRE or PRESENT: | | | CHANGE TO: | | |
| PAY RATE : | | JOB CODE: | PAY RATE | | JOB CODE : |
| JOB/TITLE : | | | JOB/TITLE : | | |
| <input type="checkbox"/> PERMANENT | <input type="checkbox"/> SEASONAL (Check one of the 3 options below) | | <input type="checkbox"/> PERMANENT | <input type="checkbox"/> SEASONAL (Check one of the 3 options below) | |
| | <input type="checkbox"/> FULL TIME (>30 HOURS) with benefits | <input type="checkbox"/> PART TIME (<30 hours) no benefits | | <input type="checkbox"/> FULL TIME (>30 HOURS) with benefits | <input type="checkbox"/> PART TIME (<30 hours) no benefits |
| | | <input type="checkbox"/> CASUAL no benefits | | | <input type="checkbox"/> CASUAL no benefits |

| C TERMINATION / RESIGNATION / LAYOFF - ONLY TO BE FILLED BY THE EMPLOYER | | | |
|--|------------------------------------|--------------------------|--|
| LAST DAY WORKED : | | | |
| REASONS FOR CHANGE- SELECT ONE AND PROVIDE COMMENTS AS REQUIRED | | <input type="checkbox"/> | G - RETIREMENT |
| <input type="checkbox"/> | A - SHORTAGE OF WORK | <input type="checkbox"/> | H - WORK SHARING |
| <input type="checkbox"/> | B - STRIKE | <input type="checkbox"/> | J - APPRENTICESHIP TRAINING |
| <input type="checkbox"/> | C - RETURN TO SCHOOL | <input type="checkbox"/> | K - OTHER REQUIRES COMMENTS |
| <input type="checkbox"/> | D - ILLNESS/INJURY | <input type="checkbox"/> | F - PARENTAL LEAVE |
| <input type="checkbox"/> | M - DISMISSAL REQUIRES COMMENTS | <input type="checkbox"/> | E - QUIT ATTACH RESIGNATION LETTER + COMMENTS |
| MANDATORY COMMENTS: | | | |

| | |
|---|--|
| D MANDATORY RATING: <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT | ELIGIBLE FOR RECALL: <input type="checkbox"/> YES / <input type="checkbox"/> NO |
|---|--|

| E MANDATORY SIGNATURES | | | |
|---|--|------|-----------------------|
| DIRECT SUPERVISOR / CRB GENERAL MANAGER | | DATE | _____ / _____ / _____ |
| CRB PRESIDENT | | DATE | _____ / _____ / _____ |
| CRB HR MANAGER | | DATE | _____ / _____ / _____ |
| COLAS CANADA INC. | | DATE | _____ / _____ / _____ |

| F PAYROLL/HR USE ONLY | |
|-----------------------|--|
| | |