



STAFF ACTION FORM

EMPLOYEE NAME: _____

EE NUMBER: _____

SHOP 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 / YearBENEFITS STATUS: Single or Family EMAIL: _____ DRIVER'S ABSTRACT PROVIDED **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"/> A - SHORTAGE OF WORK		<input type="checkbox"/> G - RETIREMENT	
<input type="checkbox"/> B - STRIKE		<input type="checkbox"/> H - WORK SHARING	
<input type="checkbox"/> C - RETURN TO SCHOOL		<input type="checkbox"/> J - APPRENTICESHIP TRAINING	
<input type="checkbox"/> D - ILLNESS/INJURY		<input type="checkbox"/> K - OTHER	REQUIRES COMMENTS
<input type="checkbox"/> M - DISMISSAL	REQUIRES COMMENTS	<input type="checkbox"/> F - PARENTAL LEAVE	
		<input type="checkbox"/> E - QUIT	ATTACH RESIGNATION LETTER + COMMENTS

MANDATORY COMMENTS:

_____**D MANDATORY RATING:** POOR FAIR GOOD EXCELLENT **ELIGIBLE FOR RECALL:** YES / NO**E MANDATORY SIGNATURES**

FOREMAN/SUPERINTENDENT/SUPERVISOR		DATE	_____ / _____ / _____
OPERATIONS MANAGER / GENERAL MANAGER		DATE	_____ / _____ / _____
CRB HR MANAGER		DATE	_____ / _____ / _____

F PAYROLL/HR USE ONLY