

# 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 / Year  
 BENEFITS 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 ) <small>with benefits</small>	<input type="checkbox"/> PART TIME (<30 hours ) <small>no benefits</small>		<input type="checkbox"/> FULL TIME (>30 HOURS ) <small>with benefits</small>	<input type="checkbox"/> PART TIME (<30 hours ) <small>no benefits</small>
		<input type="checkbox"/> CASUAL <small>no benefits</small>			<input type="checkbox"/> CASUAL <small>no benefits</small>

**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**

