GREENWICH HOSPITALITY CORP - 500 STEAMBOAT ROAD, GREENWICH, CT, 06830

PERSONNEL ACTION FORM

LOCATION: _____

LAST NAME:	FIRST:	MI:	POSITION:	DEPARTMENT:

ADDRESS:	PHONE NUMBERS:	OTHER DATA:
STREET:_____	CELL:_____	SSN: _____ /_____ / _____
CITY: _____STATE:_____ ZIP:_____	OTHER:_____	HIRE DATE:_____
PHYSICAL ADDRESS:		EMAIL:_____
STREET:_____		
CITY: _____STATE:_____ ZIP:_____		

NEW HIRE

GENERAL DATA:

[ ] Male [ ] Female Date Of Birth: _____ / _____ / _____ Conversant in: _____

[ ] New Hire [ ] Rehire [ ] Reinstatement [ ]Full Time [ ]Part Time [ ]Temporary

[ ] Hourly & Rate of Pay: $_____._____Per Hour **OR** [ ] Salaried & Annual Pay: $_____._____

Multiple Hourly Rates: $_____._____

$_____. _____

EMERGENCY CONTACT INFORMATION:

Name(s) & Phone Number(s) : _____

CHANGE

PAY ADJUSTMENT

REASON: [ ]MERIT [ ]PROMOTION [ ]ADJUSTMENT [ ]BONUS (*see amount below*) [ ]OTHER (*see explanation below*)

New Rate: $_____._____ [ ] Old Rate: $_____._____ Increase Amount / Increase %: _____ / _____ %

Effective Date:_____ New rate within range: [ ]YES [ ]NO (No-obtain required approvals before giving)

TRANSPER

FROM: [ ] Full Time [ ] Part Time Department Name: _____ Position: _____

TO : [ ] Full Time [ ] Part Time Department Name: _____ Position: _____

EFFECTIVE DATE OF TRANSFER: _____ **PROMOTION**: [ ] YES [ ] NO

PERSONAL

PERSONAL

[ ] NEW ADDRESS (see above) [ ] NEW PHONE NUMBER (Cell or Land line) (see above) **Effective On**: _____

Marital Status: [ ] Married [ ] Single

[ ] Single to Married: Your new spouse's name: _____

(*You must attach a copy of your new SS card before any name change can be made*)

[ ] Married to Single: Your former Spouse's name & address: _____

(*Information is needed for insurance purposes: COBRA*)

ABSENCES

[ ] Family Medical Leave	:_____	Beginning Date:_____	Ending Date:_____
[ ] Medical (Not FMLA)	:_____	Beginning Date:_____	Ending Date:_____
[ ] Military Leave	:_____	Beginning Date:_____	Ending Date:_____
[ ] Workers Comp (Not FML)	:_____	Beginning Date:_____	Ending Date:_____
[ ] Personal Leave	:_____	Beginning Date:_____	Ending Date:_____
[ ] Other	:_____	Beginning Date:_____	Ending Date:_____

TERM

RESIGNATION / TERMINATION

(All terminations-"Discharges"-require approval of Human Resources **PRIOR** to occurrence)

[ ] Resigned [ ] Laid Off [ ] Discharged [ ] Discharged For Misconduct [ ] Failed To Complete Introductory Period

Last Date Worked: _____ Termination Date (if different than last date worked): _____

EXPLANATION AREA:

TEAM MEMBER'S SIGNATURE:_____ **DATE**: _____

APPROVAL SIGNATURE:_____ DATE: _____