

Personnel Action Form

Baymont Inn & Suites Statesboro

(this form must be completed for all employee transactions and provided/faxed to 888-711-8164)

Basic Information	
<i>(This section must be completed by management only for all transactions)</i>	

Employee Name:	Inn Number/City:
Social Security Number:	Department:
Employee/File Number:	Effective Date of Transaction:

New Hire/ Rehire	
<i>(This section must be completed for all new/rehire transactions)</i>	

New Hire/Rehire Personal Information	New Hire/Rehire Employment Information												
Gender: _____ Date of Birth: _____ Ethnic Group (for EEO purposes) <input type="checkbox"/> Black (Non Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other Please write: _____ Veteran Status (if applicable) <input type="checkbox"/> Newly Separated Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Vietnam-Era Veteran Employee Address: _____	Start Date: _____ <input type="checkbox"/> Full-time Regular (minimum of 32 hours per week) <input type="checkbox"/> Part-time Regular (Less than 32 hours per week) Hourly Wage-Salary: _____ Position Title: _____ Referred by: _____ <table border="1" style="width: 100%; background-color: #cccccc;"> <tr> <th colspan="4" style="text-align: center;">Tax Exemptions</th> </tr> <tr> <td style="width: 30%;">Marital Status</td> <td style="width: 10%;">Fed</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Loc</td> </tr> <tr> <td>Tax Exempt <input type="checkbox"/></td> <td colspan="3">Additional Tax Deductions</td> </tr> </table>	Tax Exemptions				Marital Status	Fed	State	Loc	Tax Exempt <input type="checkbox"/>	Additional Tax Deductions		
Tax Exemptions													
Marital Status	Fed	State	Loc										
Tax Exempt <input type="checkbox"/>	Additional Tax Deductions												

Changes and Adjustments

Name Change: _____ Address Change: _____ Tax exemptions change: _____ Marital Status Fed State Loc Tax Exempt <input type="checkbox"/> Additional Tax Deductions	New Position Title: _____ New Hourly Rate/Salary: _____ Change Reason: <input type="checkbox"/> Promotion <input type="checkbox"/> Full-time to Part-time <input type="checkbox"/> Demotion <input type="checkbox"/> Part-time to Full-time <input type="checkbox"/> Merit Increase <input type="checkbox"/> Other: _____
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Termination / Warning

Termination	Notes
Date of Termination (Last day worked): _____	
Would you Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Termination: _____ <input type="checkbox"/> Resignation <input type="checkbox"/> No call No Show <input type="checkbox"/> Quit <input type="checkbox"/> Management Decision (<i>Attach proper documentation</i>) <input type="checkbox"/> Employee address confirmed	
Employee Address: _____	

GM Management Signature	Date	Date
<i>(required for all transaction.)</i>		