CITY OF SOUTH BAY
EMPLOYEE ACTION FORM

NAME:_____ **DATE:**_____

DEPARTMENT NAME:_____

POSITION TITLE:_____
ACTION: (CHECK ONE)

HIRE ( ) RESIGN ( ) TERMINATION ( ) PROMOTION ( )
VACATION ( ) REPRIMAND ( ) SICK ( ) OTHER ( )

EXPLANATION:

SIGNATURE OF EMPLOYEE (IF NECESSARY: _____

SIGNATURE OF FOREMAN/COORDINATOR: _____

SIGNATURE OF DIVISION HEAD: _____

SIGNATURE OF DIRECTOR: _____

SIGNATURE OF HUMAN RESOURCES DEPARTMENT: _____

SIGNATURE OF CITY MANAGER: _____

EFFECTIVE DATE: _____