

Date received _____ Date Processed _____ Corporate approval _____



Personnel Action Form

Club Location _____

Effective date of action _____

Employee: _____
(First Name) (Last Name) (Date)

Instructions

Check the appropriate box(s) and fill in the information in the blanks below. Scan and email to the corporate office, all changes are subject to approval of the corporate office. JGanary@SweatPT.com

- | | | |
|--|--|---|
| <input type="checkbox"/> Club Transfer | <input type="checkbox"/> Promotion | <input type="checkbox"/> Change of address (please explain under notes) |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Termination | <input type="checkbox"/> Change in dependents (please explain under notes) |
| | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Deduction/Garnishment (please explain under notes) |
| | <input type="checkbox"/> Left work voluntarily | <input type="checkbox"/> Other reason (please explain under notes) |

Change in Pay or Position

Salary From: _____ To: _____ Position: _____

Percentage rate from: _____ To: _____ Position: _____

TO BE EFFECTIVE: _____

(Circle one) W-2 1099

Transfer Locations

Transfer From _____ location to _____ location.

Notes

Employee Signature/ Date

Manager Signature/ Date

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