

# Heart of Kansas Family Health Care, Inc.

## Personnel Action Notice

<input type="checkbox"/> New Hire <input type="checkbox"/> Status Change
<b>Date of Status Change</b>

<b>Employee Name</b>		<b>S.S. #</b>	<b>Position</b>	<b>DOH</b>	<b>DOB</b>
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	<b>Rate of Pay</b>	<b>Status Change</b> <input type="checkbox"/> Pay <input type="checkbox"/> Position <input type="checkbox"/> Personal <input type="checkbox"/> Benefit <input type="checkbox"/> Termination		
<b>Address</b>				<b>Phone:</b>	
				<b>Cell:</b>	
<b>Insurance Coverage</b>		<input type="checkbox"/> Health <input type="checkbox"/> Drug <input type="checkbox"/> Dental <input type="checkbox"/> EE <input type="checkbox"/> EE/Child <input type="checkbox"/> EE/Sp. <input type="checkbox"/> EE/Depts		<b>Payroll Deduction Amt</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>IRA Information</b>					
<input type="checkbox"/> New <input type="checkbox"/> Change    Amt. _____    Effective Date _____					
<b>W-4 Filing Status</b>					
<input type="checkbox"/> Name Change _____ <input type="checkbox"/> # Dep./Allowances _____					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married/Withholding at Higher Rate    Addit. Amt. W/H _____					
<b>Emergency Contact: Name:</b> _____ <b>Phone:</b> _____					
<b>Address:</b> _____ <b>Relationship:</b> _____					

**Signatures:**

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CEO**

\_\_\_\_\_  
**Date**