



Harmonic Lightwaves

PERSONNEL ACTION NOTICE

Effective Date:

EMPLOYEE	Last	First	M.I.	Sex	Date of Birth:	Marital Status:
	Address (Number, Street):				Social Security No.:	
	City, State, Zip Code:				Home Phone:	
	Education				Work Phone:	
REASON	<input type="checkbox"/> New <input type="checkbox"/> Salary Review <input type="checkbox"/> Re-evaluation of Current Job <input type="checkbox"/> Rehire <input type="checkbox"/> Promotion <input type="checkbox"/> Title Change <input type="checkbox"/> Transfer <input type="checkbox"/> Merit Increase <input type="checkbox"/> Other _____				STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					Requisition No.:	
					Recruiter Name:	

	CURRENT	DESCRIPTION	NEW
ACTION		Position Title	
		Department #/Name.	
		Direct Mgr./Supvrs.	
		Other	

Please Meet With Human Resources Before Completing Compensation Section

NEW COMPENSATION	Base Salary		Incentives			
	\$ _____ / Hour	Quarterly Target: _____ Start Date: _____	Sales Commission		Other	
	\$ _____ / Bi-Weekly		% Quota		Target: _____	
	\$ _____ / Month		_____		Frequency: _____	
	\$ _____ / Year		_____		Start Date: _____	
	Total Target Incentives		Base Change		Remarks	
	\$ _____ / Year		_____ %			
	Total Target Comp.		Total Comp. Change			
	\$ _____ / Year		_____ %			
	Stock Option Request		Next Salary Review			
_____ Shares						
Company Credit Card		Telephone Credit Card		Car Allowance		
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ <input type="checkbox"/> No		
<input type="checkbox"/> First Shift <input type="checkbox"/> Second Shift		Shift Differential		Lead Differential		
		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
				For Mfg. Only		
				<input type="checkbox"/> Direct <input type="checkbox"/> Indirect		
Direct Manager/Supervisor			Date			
Human Resources			Date			
Vice President			Date			
Presiden/CEO			Date			

FOR HUMAN RESOURCES USE:

FSLA	Job Code:	Work Comp.:	Ethnic Origin: _____	Citizenship: _____	Military Experience: _____
EEO Code:	Salary Grade:	Medical Plan:	I-9 Verification <input type="checkbox"/> Y <input type="checkbox"/> N	Visa Type: _____	Vietnam Vet. <input type="checkbox"/> Y <input type="checkbox"/> N
			I-9 Reverification date: _____	Visa Expiration Date: _____	Disabled Vet. <input type="checkbox"/> Y <input type="checkbox"/> N

WHITE - Human Resources

GREEN - Payroll

CANARY - Stock

PINK - Manager

GOLD - Employee