



EMPLOYEE ACTION FORM

Effective Date : _____

Employee Name (Last, First, MI)	Employee ID:
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HIRED in ADP: Yes N/A

ACTION (Check One Action) **No Change**

Transfer <i>(no application required)</i>	Add Position	Promotion	New Hire	Rehire
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PAY RATE ADJUSTMENT (Check One Reason)

Promotion	Special Wage Adjustment	Reduction*
Percent/Amount Change: _____		* Requires HR Approval

JOB INFORMATION (ALL sections must be completed)

HIRE DETAILS	PAY RATE
Position: _____	Non Exempt(Hourly) \$_____/per hr
Restaurant: _____	Exempt (Salaried) \$_____/per hr
Department: _____	
Reports-To Name: _____	

BONUS

Type of Bonus

Manager performance	Profit Share	Brewery Bonus	Manager Referral
Employee Referral	Gift Card	Misc Contest	NRO (New Restaurant Opening)

Bonus Amount: _____

Comments: _____

Manager Name _____	Signature _____	Date _____	Phone _____
Director Name* _____	Signature _____	Date _____	Phone _____
COO* _____	Signature _____	Date _____	Phone _____

**If required. Note: email approvals are accepted. Employee Action Form*