**Mount Madonna Institute**

**PERSONNEL ACTION NOTICE (PAN)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee ID :** |

|  |
| --- |
|   |

 | **Document Date**: |

|  |
| --- |
|  / /  |
| Month/Day/Yr |

 |

 |
| **EMPLOYMEE INFORMATION:** |
|

|  |
| --- |
|   |
| Employee Name (first , middle, last)  |
|   |
| Mailing Address  |
|  / /  |
| Phone # Birth Date SS# |

 |
| **JOB INFORMATION**: |
| **Position Title:** |

|  |
| --- |
|   |

 |  |
| **% Time:** |

|  |
| --- |
|  % |

 | **FTE:** |

|  |
| --- |
|  .  |

 | **# of Hours:** |

|  |
| --- |
|  hrs. |

 | [ ]  Weekly[ ]  Monthly  | **Benefit Eligible:** | [ ]  Yes[ ]  No |  |
|  **Pay Rate:** |

|  |
| --- |
| $0.00  |

 | [ ]  hourly[x]  Monthly |  | **Supplemental Pay:**  |

|  |
| --- |
| $ 0  |

 | [ ]  hourly[ ]  Monthly |  |  |
| **PERSONNEL ACTION** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HIRING ACTION:** | [ ]  New hire |  [ ]  Rehire | [ ]  Return from LoA |  |
| **TERMINATION:** | [ ]  Separation of  Employment | [ ]  Layoff | [ ]  Leave of Absence | [ ]  Resignation |
| **CHANGE IN:** | [ ]  Rate of Pay | [ ]  Title/Position  | [ ]  % of Time | [ ]  Activity Allocation |
| **OTHER:** | [ ]  One-time Payment  | [ ]  **Other** (specify) |

|  |
| --- |
|   |

 |
| **CLASSIFICATION:** |
|  | **WAGES** | **RESIDENT-STIPEND** | **TEMPERARY** | **UNPIAD-VOLUNTEER** |
|  | [ ]  Full Time-Wages | [ ]  Full Time-Stipend | [ ]  Full Time-Temp | [ ]  Full Time-Unpaid Volunteer |
|  | [ ]  Part Time-Wages | [ ]  Part Time-Stipend  | [ ]  Part Time-Temp | [ ]  Part Time-Unpaid Volunteer  |
|  | [ ]  On-Call |  |  |

 |
| **EMPLOYMENT DATES:** |
| **Effective Date :** |

|  |
| --- |
|  / /  |
| Month/Day/Yr |

 | **End Date/Term Date** (if applicable): |

|  |
| --- |
|  / /  |
| Month/Day/Yr |

 |
| **EMPLOYEE ACTIVIY ALLOCATION:** |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **School of Yoga** | **College of Ayurveda** | **Community Studies** | **Ayurveda World** | **Kaya Kalpa** | **Administration****-all programs-** | **Administration****-schools only-** |
|  **%** |  **%** |  **%** |  **%** |  **%** |  **%** |  **%** |

 |
| **COMMENTS**: |
|   |
|  **AUTHORIZING SIGNITURES:** |
|

|  |
| --- |
|   |
| Employee Signature Date  |
|  |
| Supervisor’s Signature Date  |
|  |
| President/CAO Signature Date  |

 |

*Forward original to MMI Payroll/Accounting. Make a copy for your records, if desired*.

Approved 9/18/2019