**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  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