

National Association of State Departments of Agriculture
4350 North Fairfax Drive, Suite 910
Arlington, VA 22203
(202)296-9680

SUBJECT: Personnel Action of NASDA Employees

Name of Employee: _____ State: _____ Employee No: _____

(Check)	TERMINATED <i>(Include explanation below or attach a separate page.)</i>		
	Effective Date: _____		
	SALARY INCREASE <i>(Include explanation below or attach a separate page.)</i>		
	To: _____	Effective Date: _____	
	EXEMPTION CHANGE TO: <i>(Attach Tax Forms)</i>		
	No. of Federal: <input type="text"/>	No. of State: <input type="text"/>	
	MARITAL STATUS CHANGE		
	Married: <input type="text"/>	Single: <input type="text"/>	
	NAME CHANGE		
	From: _____	To: _____	
	ADDRESS CHANGE		
	Line 1: _____		
	Line 2: _____		
	Line 3: _____		
	SALARY ADJUSTMENT		UNITS
	Period: _____ Thru: _____		DOLLARS
		Regular Hours	
		Overtime Hours	
		Miles	
	Overpayment: <input type="text"/>	Other:	
	Underpayment: <input type="text"/>	Per Diem.....	
	On Project No: <input type="text"/>	Telephone.....	
		Other.....	
		TOTAL.....	
	OTHER / Explanation:		

Recommended by: _____ Date: _____
(NASS Field Office Director for Supervisory Changes)

Authorized by: _____ Date: _____
(Supervisor or NASDA HQ)