

Personnel
Action
Request

- | | | |
|---|--|---|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Second Position | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Department Transfer | <input type="checkbox"/> Worker's Comp Leave | <input type="checkbox"/> Shift Modification |
| <input type="checkbox"/> Payroll / Personnel Change | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Data Correction |

Employee Name	Employee No.	Home Dept. Name	Dept. #	Effective Date
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A
New Hires Only
Complete A & D

Position Title: _____

Department: _____ Hourly Rate: _____

Grade: _____ Bi-Weekly Hours: _____ Job Code: _____ References Checked: _____

Exempt Status: Hourly Salaried Leave Accrual: _____ Full Time Part Time

Comments: _____ Temporary On Call

B
Changes and Transfers
Complete B & D

	From	To
Title:	_____	_____
Job Code:	_____	_____
Department:	_____	_____
Grade:	_____	_____
Hourly Rate:	_____	_____
Bi-Weekly Hours:	_____	_____
Exempt Status:	_____	_____
Other Changes:	_____	_____
Reason:	_____	_____

HR Use Only _____

C
Leave of Absence

Worker's Comp First Day Absent: _____ Cobra

Medical Family Military Personal Other: _____

Date of LWOP: _____ Date of Return: _____

D
Shift Changes

PRIMARY SHIFT: 1 2 3 12 Hour 10 Hour 8 Hour

Schedules	Shift Code (1-2-3)	For Payroll Use	Start Time	Stop Time
Schedule #1				
Schedule #2				
Schedule #3				

Authorization

Department: _____ Date: _____

Administration: _____ Date: _____

President: _____ Date: _____

Human Resources: _____ Date: _____