



PERSONNEL ADDITION/STATUS CHANGE FORM

Employees Name: _____
 Address: _____
 Position Title: _____
 Local Manager: _____

For New Employee Only

Date of Hire: _____
 S.S. #: _____
 Telephone#: _____

Instructions: Please complete the entire form for new personnel except for #4 and #6. For personnel reclassification and merit increases enter name only and 1 to 5 as appropriate with proper signatures. Please use Comment section for Award Incentives.

NEW PERSONNEL/STATUS CHANGE

CHARGE CONTRACT: _____

Position: (1) Support Professional
 (2) Temporary Part-Time Regular
 (3) Exempt Non Exempt

Position Salary Grade: _____
 Hourly Rate: \$ _____
 Annual Rate: \$ _____

NOTE: If position is other than regular full time (generally starting as probationary), attach documents defining terms and conditions (e.g., temporary appointment's duration and duties, part-time appointment's duration and duties, part-time appointment's percentage of fulltime plus duties and schedule of hours).

(4) CHANGE FROM TO

 (Does not apply to new employee)

 JOB: _____
 DEPT/LOCATION: _____
 SHIFT/SCHEDULE: _____
 RATE OF PAY: _____

(5)

| | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Hired | <input type="checkbox"/> Merit Increase | <input type="checkbox"/> Length of Service Increase |
| <input type="checkbox"/> Rehired | <input type="checkbox"/> Resignation | <input type="checkbox"/> Reevaluation of Current Job |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Retirement | <input type="checkbox"/> Probation Status |
| <input type="checkbox"/> Demotion | <input type="checkbox"/> Layoff | <input type="checkbox"/> Probation Period Completed |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Discharge | <input type="checkbox"/> Other: _____ |

(6) **MERIT INCREASE**

Current Rate: \$ _____ Increase: % _____ New Rate: \$ _____ Hourly Annual

Retro Pay: Yes No If Yes, Date: From _____ To _____

COMMENTS: _____

APPROVALS: _____ EFFECTIVE: _____

 SUPERVISOR/MANAGER SIGNATURE DATE CLIENT HR SIGNATURE DATE

 AUTHORIZED OPERATIONS MGR. DATE