

Employee Name:	Social Security #:	
Program:	Project:	
Type of Action:	Effective Date:	
Employee's Present Title:	Wage Per Hour: \$	Type:
	Grade:	Step:
Employee's New Title:	Wage Per Hour: \$	Type:
Explanation:	Grade:	Step:
	County of Jobsite:	

Statistics:	Split Pay:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Contract #:	%	
FLSA: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Contract #:	%	
Race:	Contract #:	%	

Attachments Check List <i>*copy to employee</i>					
Accounting/Stapled		Other		Medical/Stapled	
<input type="checkbox"/>	Personnel Action	<input type="checkbox"/>	Preliminary Job Offer	<input type="checkbox"/>	Job Related Disabilities
<input type="checkbox"/>	*Letter of Assignment	<input type="checkbox"/>	Application	<input type="checkbox"/>	Drug Free Workplace
<input type="checkbox"/>	I-9	<input type="checkbox"/>	References	<input type="checkbox"/>	Release - Drug Testing
<input type="checkbox"/>	W-4	<input type="checkbox"/>	Employment or Vol. Declaration	<input type="checkbox"/>	Physical/TB (if applicable)
<input type="checkbox"/>	Withholding	<input type="checkbox"/>	Fidelity Bond (if applicable)	<input type="checkbox"/>	Emergency Contact Information?
<input type="checkbox"/>	Applicable Insurances	<input type="checkbox"/>	NC New Hire Reporting Form	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Program Specific Information	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Direct Deposit Form	<input type="checkbox"/>	*Job Description	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	*Job Position and Work Site Hazards	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	*Standards of Conduct	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	*Bloodborne Pathogens Forms	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	*Career Development Plan	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Welcome Aboard Employee Orientation	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Post Employment Data Record	<input type="checkbox"/>	Other _____

Types of Actions to be reported include: <ul style="list-style-type: none"> ▪ Adverse (Verbal Warning, Written Warning, Final Written Warning, Suspension Subject to Termination) ▪ Change in Work Hours ▪ Commendation ▪ Leave of Absence or FMLA ▪ New Hire ▪ Outside Employment ▪ Pay Increase: Merit/Promotion/Longevity/Edu. ▪ Program Transfer ▪ Reduction in Force or Work Hours ▪ Recall: School Year Beginning ▪ Separation School Year Ending/Recall ▪ Termination (Voluntary or Involuntary) 	Approvals:	Signature	Date
	<i>Supervisor</i>		
	<i>Program Director</i>		
	<i>Assistant Exec. Director</i>		
	<i>Executive Director</i>		
	<i>Administrative Secretary Log In</i>		
	<i>Acct. Set-Up</i>		
	<i>HR Director</i>		