

DATE: \_\_\_\_\_

TO: OFFICE OF HUMAN RESOURCES

FROM: \_\_\_\_\_  
HIRING DEPARTMENT

DEPARTMENT APPROVAL  
(please sign)

BUDGET OFFICE APPROVAL

NEW HIRE ( )      REHIRE ( )      CHANGE\* ( )      OTHER\* ( )      TERMINATION ( )

EFFECTIVE DATE: \_\_\_\_\_ MONTHLY ( )      SEMI-MONTHLY ( )      BI-WEEKLY ( )

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ S.S.# \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**FOR HIRE / REHIRE ONLY**

EMPLOYEE WHO IS BEING REPLACED

**FOR TERMINATION ONLY**

LAST DAY WORKED: \_\_\_\_\_

VACATION DAYS DUE: \_\_\_\_\_

TERM REASON: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SALARY: \_\_\_\_\_ EXEMPT ( )      NON EXEMPT ( )      UNION ( )      NON UNION ( )

H(OURLY RATE: \_\_\_\_\_ ACCT(S) TO BE CHARGED: \_\_\_\_\_

PAYMENT SCHEDULE: \_\_\_\_\_

\*EXPLANATION: \_\_\_\_\_

JOB STATUS:      FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ HOURLY: \_\_\_\_\_

DAYS PER WEEK: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ TEMPORARY: \_\_\_\_\_

(Please attach appropriate documentation)

### DEDUCTIONS

to be completed by the office of human resources

HEALTH INSURANCE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ PRE-TAX: \_\_\_\_\_

PENSION      EMPLOYEE% \_\_\_\_\_ NEW ( )      CHANGE ( )      VISION: \_\_\_\_\_

LIFE INSURANCE: \_\_\_\_\_ LTD: \_\_\_\_\_ UNION DUES: \_\_\_\_\_

HCSA AMOUNT: \_\_\_\_\_ HCSA ANNUAL GOAL: \_\_\_\_\_ GARNISHMENTS: \_\_\_\_\_

DCSA AMOUNT: \_\_\_\_\_ DCSA ANNUAL GOAL: \_\_\_\_\_ UNITED WAY: \_\_\_\_\_

TR TRANSIT: \_\_\_\_\_ TR PARKING: \_\_\_\_\_ DENTAL PLAN: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_