# 7.GIF

PERSONNEL ACTION

|  |  |  |
| --- | --- | --- |
| 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: (\_\_X\_\_\_ See Attached) | Grade: | Step: |
| County of Jobsite: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Statistics: | Split Pay: | Yes: | No: |
| Sex: ❑ Male ❑ Female | Contract #: | % | |
| FLSA: ❑ Exempt ❑ Non-Exempt | Contract #: | % | |
| Race: | Contract #: | % | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***NEW HIRE CHECK LIST*** | | | | | | | |
|  | ***Accounting Section*** |  | ***HR Section*** |  | ***Medical File*** |  | ***Employee Copies*** |
|  | Personnel Action |  | Prelim. Job Offer |  | Job Related Dis. |  | Letter of Assignment |
|  | Letter of Assignment |  | Application |  | Drug Free WP |  | Job Description |
|  | I-9 / E-Verify |  | References |  | Drug Test Release |  | Pos. & Wrk Site Hazards |
|  | W-4 |  | Empl. Vol. Declaration |  | Emergency Contact |  | Staff Code of Ethics |
|  | Withholding |  | Fidelity Bond (if appl.) |  | Post Med Quest |  | Bloodborne Pathogens |
|  | Insurances |  | NC New Hire Reporting |  | Post Physical |  | Career Development |
|  | Retirement |  | Job Description |  | TB Test (if appl.) |  |  |
|  | Direct Deposit |  | Pos. & Wrk Site Hazards |  |  |  |  |
|  | Cheer and Mem |  | Staff Code of Ethics |  |  |  |  |
|  |  |  | Bloodborne Pathogens |  |  |  |  |
|  |  |  | Career Development |  |  |  |  |
|  |  |  | Employee Orientation |  |  |  |  |
|  |  |  | Post-Empl Data Record |  |  |  |  |
|  |  |  | Email & Phone Setup |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Approvals: | Signature | Date |
| *Supervisor* |  |  |
| *Program Director* |  |  |
| *Executive Director* |  |  |
| *HR Director* |  |  |
| *Acct. Set-Up* |  |  |

Revised 2-2017dr