

EMPLOYEE ACTION FORM FOR HOURLY EMPLOYEES

Instructions:

Use this form to report date of appointment and transfers or separation **of time card employees.**

EMPLOYEE NAME: _____ SID/EID number: _____
DEPARTMENT: _____ JOB TITLE: _____

Appointed. Starting date: _____
Approved staffing request, complete application package must be on file in Human Resources.

Budget Number: _____

Replacing: _____
(please complete if replacing temporary employee)

Transfer to Dept. Name: _____

Transfer Start Date: _____

Budget Number: _____

PLEASE INDICATE JOB SITE Bldg & Room No. _____ M/S _____

(Charge for parking is automatic. If no parking deduction should be made, Security office must be contacted.)

Please indicate at least two alternate supervisors who can approve the employee's online time card:

1. _____ 2. _____ 3. _____

Separated. Last working date _____

Separation Reason _____

(SEPARATION CLEARANCE form must be completed by employee to indicate that any keys and any state property have been returned.)

Supervisor (print name) _____

Supervisor (signature) _____ Date _____