

### MCINTOSH TRAIL CSB PERSONNEL REQUEST FORM

#### CURRENT EMPLOYEE OR NEW EMPLOYEE INFORMATION

Effective Date: \_\_\_\_\_ Time Status: Full Time  Part Time  → % : \_\_\_\_\_

Employee Status: Classified  Unclassified  Hourly

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Position #: \_\_\_\_\_ Job #: \_\_\_\_\_ Dept. #: \_\_\_\_\_ Dept. Name: \_\_\_\_\_  
(If split between more than one Dept., use comments section to show split, must = 100%)

Pay Grade \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Did this employee transfer from another: Program within McIntosh Trail  CSB  State Agency

#### EMPLOYEE STATUS CHANGE

Promotion  Demotion  Lateral  Time Status  → New % \_\_\_\_\_

New Title: \_\_\_\_\_ New Position #: \_\_\_\_\_ New Job #: \_\_\_\_\_

New Dept. #: \_\_\_\_\_ New Pay Grade: \_\_\_\_\_ New Rate of Pay: \_\_\_\_\_  
(If split between more than one Dept., use comments section to show split, must = 100%)

#### SEPARATIONS

Resignation  (attach resignation letter and Separation Clearance Checklist)

Would you rehire this employee? Yes  No  If no, attach justification. Transfer to another agency  Name of Agency \_\_\_\_\_

#### LEAVE OF ABSENCE (Attach copy of LWOP Request form if applicable)

Date(s) on Leave	# Hours LWOP	Authorized <input type="checkbox"/>
_____	_____	Unauthorized <input type="checkbox"/>
_____	_____	
_____	_____	
_____	_____	

#### For ER use only

Family Leave with pay

Family Leave w/o pay

Suspension with pay

Suspension w/o pay

Workers Comp.

#### COMMENTS

#### APPROVAL SECTION

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Associate Director \_\_\_\_\_ Date \_\_\_\_\_

Program Manager \_\_\_\_\_ Date \_\_\_\_\_ Approving Authority \_\_\_\_\_ Date \_\_\_\_\_

#### FOR ER USE ONLY

SS# \_\_\_\_\_ DOB: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip County

Race: Native American  White  Hispanic  African American  Asian  Multi-racial

Sex: Male  Female

High School graduate or GED: Yes  No

Highest Grade Completed \_\_\_\_\_ Degree \_\_\_\_\_ License Type: \_\_\_\_\_ Expires: \_\_\_\_\_

Employee # \_\_\_\_\_ Payroll Entry: \_\_\_\_\_ PS Entry: \_\_\_\_\_ MM Entry: \_\_\_\_\_