

# 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)

Transfer to another agency

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

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

### For ER use only

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

- Family Leave with pay
- Family Leave w/o pay
- Suspension with pay
- Suspension w/o pay
- Workers Comp.

## COMMENTS

## APPROVAL SECTION

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Clinical Director of MH/AD or \_\_\_\_\_ Date \_\_\_\_\_  
Director of DD Services

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: \_\_\_\_\_