

# Health PEI

## Human Resource Action Form

**Gray Section for  
HR/Payroll Use Only**

Site/Facility				
<b>1. Employee Data</b>	Employee #	Last Name	First Name	Initial
	Dept ID	Department Name	Combination Code (Acct Code)	

<b>2. Request for Staff</b>	New Position Yes <input type="checkbox"/>	Dept ID	Department Name	Combination Code (Acct Code)		
	Job Code	Position #	Position Title		Position FTE	
	Reason for Posting		Employee #	Employee Being Replaced		Union
	Perm <input type="checkbox"/>	Temp <input type="checkbox"/>	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Casual <input type="checkbox"/>	Specify Shifts (if applicable)
	Special Qualifications (if applicable)					
	Date Required		End Date (if Temp Assg)		Reports To (Manager's Name and Empl #)	
	Job Opening #		Signature HR			Date

<b>3. Leave Of Absence</b>	With Pay <input type="checkbox"/>	W/O Pay <input type="checkbox"/>	Last Shift Worked	Last Shift Paid	Dates: (from) _____ (to) _____
	Union		Article #	Reason	

<b>4. Termination</b>	Termination Date	Last Shift Worked	Last Shift Paid	Reason		
	Forwarding Address			Severance or Retirement Allowance:	Attached <input type="checkbox"/>	Not Eligible <input type="checkbox"/>

<b>5. Transfer/Rehire</b>	Rehire <input type="checkbox"/>	Transfer <input type="checkbox"/>	Alternate Position <input type="checkbox"/>	Return from Leave (Type of Leave) <input type="checkbox"/>	Line Sharing (start/end date) <input type="checkbox"/>	Deferred Salary (start/end date) <input type="checkbox"/>			
	Effective Date – MM/DD/YY		Job Code	Classification		Perm <input type="checkbox"/>	Temp <input type="checkbox"/>	Casual <input type="checkbox"/>	Ft <input type="checkbox"/>

<b>6. Job Data</b>	New <input type="checkbox"/>	Reclass <input type="checkbox"/>	Step Increment <input type="checkbox"/>	CUPE Art 56 <input type="checkbox"/>	PEINU Art 15 <input type="checkbox"/>	Other <input type="checkbox"/>			Rec No.	Org Instance	Rec No.	Org Instance						
	<input type="checkbox"/> Contract (Type of Contract) _____ Contract # (if applicable) _____						<b>From</b>	Perm <input type="checkbox"/>	Temp <input type="checkbox"/>	Casual <input type="checkbox"/>	Ft <input type="checkbox"/>	Pt <input type="checkbox"/>	<b>To</b>	Perm <input type="checkbox"/>	Temp <input type="checkbox"/>	Casual <input type="checkbox"/>	Ft <input type="checkbox"/>	Pt <input type="checkbox"/>
	Effective Date – MM/DD/YY			Location Code	Job Code	Classification			Home/Host:									
	Action:	Reason:	Pay Group	Grade	Step	Hrly Rate	Time Reporter Workgroup											

<b>7. Personal Data</b>	Address (civic):				City			Prov.		Postal Code:		
	Telephone - Home:			Cell:	Other:			Birth Date	MM	DD	YY	SIN
	Email address:							New Surname (copy of SIN card required)				
	In Case of Emergency Notify:				Relationship			Tel. Home		Tel. Work/Cell		

<b>8. Payroll</b>	ROE Request Only <input type="checkbox"/>	Details of ROE Break	TD1 Net Claim:	Float Holiday Update _____ Hrs	New Permanent: <input type="checkbox"/> Clear Special Accumulators	
	<b>Termination Pay</b>	Float <input type="checkbox"/> _____ Smoothing <input type="checkbox"/> _____ Computer <input type="checkbox"/> _____ R/C <input type="checkbox"/> _____ hours				
		Vac <input type="checkbox"/> _____ Stats <input type="checkbox"/> _____ TIL <input type="checkbox"/> _____ R/C <input type="checkbox"/> \$ _____				
Health Club <input type="checkbox"/> _____ Clear Banks <input type="checkbox"/> _____						
Direct Deposit - Attached:    Void Cheque <input type="checkbox"/> Official Bank Confirmation <input type="checkbox"/>						

<b>Comments</b>				<b>For HR use only:</b>											
	Benefits/Sick/Vac <input type="checkbox"/>	Comp Bank <input type="checkbox"/>	Manage Hires <input type="checkbox"/>	Pay Group <input type="checkbox"/>	Pension/RRSP <input type="checkbox"/>	Schedule-TK <input type="checkbox"/>	CRC Rec'd <input type="checkbox"/>	Comp Log <input type="checkbox"/>	Offer Letter <input type="checkbox"/>	Orientation <input type="checkbox"/>	Pers/RRSP Form <input type="checkbox"/>	Pers. File <input type="checkbox"/>	Pledge Confid. <input type="checkbox"/>	Probationary/Trial <input type="checkbox"/>	Succ. Applicant <input type="checkbox"/>

<b>Signatures</b>	Employee Signature:	Date:	
	Dir <input type="checkbox"/> Mgr <input type="checkbox"/> HR <input type="checkbox"/> Signature:	Date:	Service Banks <input type="checkbox"/> Sick Clear <input type="checkbox"/> Wage Loss <input type="checkbox"/> WCB-CSSF <input type="checkbox"/>
	Dir <input type="checkbox"/> Mgr <input type="checkbox"/> HR <input type="checkbox"/> Signature:	Date:	HR/Payroll Input (Date & Initial)