

Health PEI

Human Resource Action Form

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

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

2. Request for Staff	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

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

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

5. Transfer/Rehire	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 Pt <input type="checkbox"/>

6. Job Data	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) _____						From	Perm <input type="checkbox"/>	Temp <input type="checkbox"/>	Casual <input type="checkbox"/>	Ft Pt <input type="checkbox"/>
	Contract # (if applicable) _____						To	Perm <input type="checkbox"/>	Temp <input type="checkbox"/>	Casual <input type="checkbox"/>	Ft 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		

7. Personal Data	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		

8. Payroll	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			
	Termination Pay	Float <input type="checkbox"/> _____ Smoothing <input type="checkbox"/> _____		RIS _____		R/C <input type="checkbox"/> _____ hours					
		Vac _____		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"/>											

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

Signatures	Employee Signature: _____					Date: _____	
	Dir <input type="checkbox"/> Mgr <input type="checkbox"/> HR <input type="checkbox"/> Signature: _____					Date: _____	
	Dir <input type="checkbox"/> Mgr <input type="checkbox"/> HR <input type="checkbox"/> Signature: _____					Date: _____	
HR/Payroll Input (Date & Initial)							