

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"/>

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 <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 <input type="checkbox"/>	Pt <input type="checkbox"/>	To		Perm <input type="checkbox"/>	Temp <input type="checkbox"/>	Casual <input type="checkbox"/>	Ft <input type="checkbox"/>	Pt <input type="checkbox"/>
	Contract # (if applicable) _____						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: <input type="checkbox"/> 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"/>					
Signatures	Employee Signature:				Date:				Schedule-TK <input type="checkbox"/>				Pers. File <input type="checkbox"/>			
	Dir <input type="checkbox"/> Mgr <input type="checkbox"/> HR <input type="checkbox"/>				Date:				Service Banks <input type="checkbox"/>				Pledge Confid. <input type="checkbox"/>			
	Signature:								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"/>			
	Dir <input type="checkbox"/> Mgr <input type="checkbox"/> HR <input type="checkbox"/>				Date:				HR/Payroll Input (Date & Initial)							
Signature:																