

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)
	Workforce Planning Checklist (WPC) Completed?					
	Special Qualifications (if applicable)					
	Date Required		End Date (if Temp Assg)		Reports To (Manager's Name and Empl #)	
Job Opening #		HR initials	Date Manager Approved:	Date Sent to PSC for posting:	Employee Acceptance Entered	

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"/>	CUPE Art 56	PEINU Art 16/17	Return from Leave (Type of Leave)		Line Share (contract attached)
	Effective Date – MM/DD/YY		Job Code	Classification		Perm <input type="checkbox"/>	Temp <input type="checkbox"/>

6. Job Data	New Empl	Reclass	Step Progression	Deferred Salary	Other	From	Rec No.	Org Instance	To	Rec No.	Org Instance
	<input type="checkbox"/> Contract (Type of Contract) _____					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			Date EI payable:		ROE Generated	
	Termination/ Payouts	Stat _____	Float _____	TIL _____	VAC _____	Smoothing _____	Health Club _____	
		RIS _____	R/C _____	hours	R/C \$ _____			
	Clear banks (Sick & Vacation) _____		STF Payline:			VCL Payline:		
Banking information Entered & Peer Reviewed		Arrears		Create General Deductions		Clear SAP - New Perm EE		For HR use only:

Comments			Manage Hires	Onboarding Docs/CRC rec'd
			Job Data	Search National ID/SIN
			Pay grp/Combo Code	Check incentive Eligibility
Signatures			TRD	Applicable letter sent
			Benefits Participation	PS Gateway Setup
			Update Tax Data	Personnel File(req. or create)
			Assign Schedule	Probationary/Trial
			Check Comp Banks	Notice of Successful list
			Pension RRSP/WCB	Bring Forward entry
Dir <input type="checkbox"/> Mgr <input type="checkbox"/> HR <input type="checkbox"/>		Date:	Leave Plans	
Signature:		Date:	Add to Pay Checks <input type="checkbox"/>	
Dir <input type="checkbox"/> Mgr <input type="checkbox"/> HR <input type="checkbox"/>		Date:	Peer Reviewed	
Signature:		Date:	HR/Payroll Input (Date & Initial)	