

**SOUTH CAROLINA MILITARY DEPARTMENT
PERSONNEL / PAYROLL ACTION REQUEST**

Program Name

Program Manager

Date Submitted

ACTION(S) TO BE TAKEN

Recruitment Request

Name Change

Other Reason

Hours Change

Address Change

Salary Change

Dept/Fund Change

Termination

Effective Date of Action: _____ Hourly Wage: _____ Annual Salary: _____

Remarks: _____

POSITION INFORMATION

Position Title: _____ Class Code: _____ Pay Band: _____ SCEIS Position # _____

Permanent/Full-Time Temporary/Full-Time Grant/Full-Time Time Limited/Full-Time

Permanent/Part-Time Temporary/Part-Time Grant/Part-Time Time Limited/Part-Time

FLSA Code: _____ Worker's Comp Code: _____ Retirement Code: _____

EEOC Dept Code: _____ EEOC Census Code: _____ EEOC Job Grp/Fed Cat: _____

RECRUITMENT REQUEST

New Position or Last Occupied By: _____ Assigned Work Hours: _____

Interviewer(s) Name/Extension #: _____ / _____ Location: _____

EMPLOYEE INFORMATION

Name: _____ SCEIS Personnel #: _____ OR Social Security#: _____

Home Address: _____ Home Telephone#: _____

_____ Cell Phone#: _____

Current or Past State Employee: _____ Member of the National Guard or Reserves: _____

BUDGET PROGRAM

AUTHORIZATIONS

<u>Cost Center</u>	<u>Functional Area</u>	<u>Int Order / Obj Code</u>	<u>Grant</u>	<u>%</u>	<u>Fund</u>
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Program Director / Date

Director, State Human Resources / Date

Director of Fiscal Systems / Date

TAG/DAG/Designee / Date

Coordination: SHRO Personnel Administration Leave Payroll