

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
Salary Change	Hours Change	Address Change
Effective Date of Action: _____	Dept/Fund Change	Termination
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

<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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REVIEW

Department Head/Program Director / Date

Director, State Human Resources / Date

Chief Financial Officer / Date

APPROVAL

Coordination: SHRO Personnel Administration Leave Payroll

TAG/DAG/Designee / Date