

UH/CSAHS – Cuyahoga Inc.

Personnel Action Form

New Hire <input type="checkbox"/>

Rehire <input type="checkbox"/>

Effective Date _____

Lawson Employee # _____

Personal Information

Name - Last	Name - First	Name - Middle
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Address Line 1 _____

Address Line 2 _____

City	State Ohio	Zip	County
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Telephone (include Area Code)		Social Nbr
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Birth Date	Ethnicity	Gender	Veteran	Marital Status	Direct Deposit
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Work Information

Status	Hire Date	Adjusted Hire Date	Seniority Date	Anniversary Date
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Process Level	Department	Location Code
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Job Code	Bargaining Unit	Annual Hours 2080	FTE
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Shift Length	License #	
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Pay Information

Rate of Pay	Pay Grade	Salary Class Hourly	Pay Plan Non Exempt	Exempt from OT
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Pay Frequency Biweekly	Pay Change Reason New Hire
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Standard Amount of Hours	Highly Compensated	
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Benefit Information

Benefit Date 1	Benefit Salary 1	
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Time Accrual Information

Accrual Schedule	
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Kronos Information

Badge Number	Payrule	Shift	Class
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Group Schedule	
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HR Use Only

Approved by GLR	Entered By: _____	Date Entered: _____
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