

<b>EMPLOYEE ACTION FORM – NEW HIRE</b>		ADP #: _____
Employee: _____	Department: _____	
Social Security #: _____	Birth Date: _____	

Effective Date: _____	Start Wage: _____
Job Title: _____	

<input type="checkbox"/> Classified	<input type="checkbox"/> Non Union
<input type="checkbox"/> UNClassified	<input type="checkbox"/> Non-Exempt (Hourly)
<input type="checkbox"/> Union:	<input type="checkbox"/> Exempt (Salary)

<input type="checkbox"/> Regular: Full Time*	<input type="checkbox"/> Provisional	<input type="checkbox"/> Casual
<input type="checkbox"/> Regular: Part Time (1-19 hrs/wk)	<input type="checkbox"/> Department Head*	<input type="checkbox"/> Mental Health Board
<input type="checkbox"/> Regular: Part Time (20-29 hrs/wk)	<input type="checkbox"/> Elected Official*	<input type="checkbox"/> Temporary / Seasonal
<input type="checkbox"/> Regular: Part Time (30-39 hrs/wk)*	<input type="checkbox"/> Chief Deputy*	
<input type="checkbox"/> Other (Use 'Notes' field to explain)	<i>*Insurance Eligible</i>	

Address		
Street		
City	State	Zip Code
Home Phone	Mobile Phone	
Alt. Mailing Address		

Grade: _____	Step: _____	ADP Mgr.: _____
	Probation Starts: _____	Probation Ends: _____
BUDGET	Org: _____	Obj: _____

<b>NOTES/COMMENTS</b>	_____
	_____
	_____

_____	_____	_____	_____
<b>Employee Signature</b>	<b>Date</b>	<b>Human Resources</b>	<b>Date</b>
_____	_____	_____	_____
<b>Official/Dept Head Signature</b>	<b>Date</b>	<b>Payroll</b>	<b>Date</b>

~~ Submit Form to HUMAN RESOURCES (humanresources@sarpy.gov)~~