SOUTH CAROLINA MILITARY DEPARTMENT ARMORY SITTER PERSONNEL/PAYROLL ACTION REQUEST

Armory Name	Armory Manager			Date Submitted
	ACTION(S) T	O BE TAKEN		
New Hire	Renewal		Termination	
Name Change	Address Change		Other Reason	
Effective Date of Action	Hourly Rate: \$15.00			
	EMPLOYEE II	NFORMATION	<u>1</u>	
Name:	Social Security #:			
Home Address:	Home Telephone #:			
Current or past State Employee	Yes No	Member of the	he National Gu	uard Yes No
<u>1</u>	DATE AND HO	URS WORKE	<u>.D</u>	
Contract Number	<u>Date Worked</u>			Hours Worked
	BUDGET F	PROGRAM		
Armory Dept Code 11 (5 digits beginning with 11)	Fund Code	31740000	GL Co	ode <u>5010710000</u>
	AUTHOR	ZATIONS		
By my signature, I certify the ithe best of my knowledge. disciplinary action up to and in	Any misrep	resentation o		
Employee Signature/Date	Employee Signature/Date Armory Manager Signature/			

Revised: 18 May 2018

<u>INSTRUCTIONS</u>

ACTION(S) TO BE TAKEN: Check the appropriate action to be taken.

- A new hire is an individual who has never worked an armory rental
- A renewal is an individual who has not worked an armory rental during the past two years
- An individual who has not worked an armory rental for two (2) or more years should be terminated

EFFECTIVE DATE OF ACTION: The effective date for a new hire or renewal is the first day worked by the individual and a termination date is the last day worked by the individual. The effective date for all other changes should be the date of occurrence.

EMPLOYEE INFORMATION:

- Complete the name, Social Security number, address, and telephone number.
- Verify if the individual is or has been a State employee and/or has been a member of the South Carolina National Guard. Individuals must submit a copy of their military I.D. along with a copy of their Social Security card.

EMPLOYEE'S WITHOLDING ALLOWANCE CERTIFICATE Form W-4: Choose status for withholding of income taxes. (Complete this part of the form when the Sitter is a new hire or renewal.)

DATE AND HOURS WORKED:

- List the contract number(s), the date(s) and the number of hours worked under each contract by the individual.
- Once the work assignment is completed, the Armory Manager will submit the form to the S.C. Military Department's State Human Resources Payroll Section. Delays in submission of the form will delay timely payment for services.

BUDGET PROGRAM: Use the five digit department code beginning with 11 for the armory where the rental was worked. The fund code and the object code are preprinted and remain constant with each armory.

AUTHORIZATIONS:

 The employee and the Armory Manager approving the information should sign and date the form

The Armory Manager will submit the completed form to The Office of the Adjutant General, State Operations, ATTN: NGSC-SO-HR, 1 National Guard Road, Columbia, S.C. 29201.

<u>NOTE:</u> This form must be complete, accurate and submitted in a timely manner. If not, the Payroll Section will return the form to the Unit Manager for further action. The Agency will not pay the Sitters until State Operations Budget & Finance verifies receipt of the rental revenue.