SOUTH CAROLINA MILITARY DEPARTMENT

Armory Sitter Personnel/Payroll Action Request

Armory Name	Armory Manager		Date Submitted
	<u>ACTION(S) TO E</u>	<u>BE TAKEN</u>	
New Hire	Renewal	Ter	mination
Name Change	Address Chang	ge Oth	ner Reason
Effective Date of Action	Hourly Rate: \$15.00		
	EMPLOYEE INFO	DRMATION	
Name:	Social Security #:		
Home Address:	Home Telephone #:		
	Yes No M		onal Guard Yes No
Contract Number Date W			Hours Worked
	BUDGET PRO	DGRAM	
Armory Dept Code <u>11</u> (5 digits beginning with 11)	Fund Code 31		GL Code 5010710000

AUTHORIZATIONS

By my signature, I certify the information submitted on this form is true and accurate to the best of my knowledge. Any misrepresentation or falsifications may result in disciplinary action up to and including termination.

Employee Signature/Date

Armory Manager or AO Signature/Date

INSTRUCTIONS

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 will sign and date the form
- If the Armory Manager is the Sitter/employee, the AO will sign and date the form as the approver.

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 Armory Manager for further action. The Agency will not pay the Sitters until State Operations Budget & Finance verifies receipt of the rental revenue.