

SOUTH CAROLINA MILITARY DEPARTMENT

PERSONNEL / PAYROLL ACTION REQUEST

<hr/> Department/Program Name	<hr/> Department/Program Manager	<hr/> Date Submitted
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ACTION(S) REQUESTED:

Recruitment Request	Name Change	Other Reason
	Hours Change	Address Change
Salary Change	Dept/Fund Change	Termination

Effective Date of Action: _____ 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 SSN: _____

Home Address: _____ Home Telephone#: _____

_____ Cell Phone#: _____

Current or Past State Employee: _____ Member of the National Guard or Reserves: _____

BUDGET INFORMATION

<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/Program Manager / Date

Director, State Human Resources / Date

Chief Financial Officer / Date

APPROVAL

TAG/DAG/Designee / Date