|  |  |  |
| --- | --- | --- |
| **Routing Info:** | **Date** | **Time** |
| Received in HR |  |  |
| To Approver (HR Consultant) |  |  |
| Back to HR Tech |  |  |
| HR Approval Email Sent |  |  |



**APPOINTMENT FORM**

**PROPOSED ACTION:**

New Hire  Rehire  Multiple Positions

Promotion  Demotion  Transfer within Dept.  Transfer out of Dept.  Position Change  Other

**APPLICANT INFORMATION:**

Applicant Legal Name: Enter Name as it appears on SSN Card Mailing Address: Enter applicant’s address

**POSITION INFORMATION:**

|  |  |
| --- | --- |
| Position Number: Click or tap here to enter text.  Position Title: Click or tap here to enter text.  Employee Benefit Status: Choose an item.  User Level Status: Choose an item.  Pay Plan: Choose an item.  FTE: Pay Policy:  Union: Choose an item.  Grade: Step\*:  \*Requests for advanced step placement must be accompanied by written approval from the City Manager. | Department: Click or tap here to enter text.  Job Requisition #: Click or tap here to enter text.  Scheduled hrs/week:  40  37.50  Other:  Scheduled Lunch:  ½ hour  1 hour  CDL Required:  Yes  No  Comments: Click or tap here to enter text. |

**For New Hire or Re-Hire Actions Only (others will route through workflow for approvals):**

Department Director Signature Date

**SharePoint Ticket Entered:**

\_\_\_\_\_\_\_\_\_\_

**First Day Worked:**

\_\_\_\_\_\_\_\_\_\_

**Controlled Substance Testing Complete:**

Yes  No  N/A

Date: \_\_\_\_\_\_\_

Initials: \_\_\_\_\_\_

**HR AUTHORIZATION**

MQs checked and satisfied?  Yes  No Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Granted as Requested (new or current employee)

Appointment Contingent upon:

Obtaining highest ranking position on Eligible List.

Criminal/Background Check required. Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion of I-9 Form within 3 business days of appointment.

Obtaining Minor Work Permit

Controlled Substance test & requirements

Conditional Authorization as noted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Human Resource/Risk Management Director Signature Date**

Approval Email Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Hire PPWK Received: \_\_\_\_\_\_\_\_\_\_

Check-in Email Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entered in Lawson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter Service Annv Report: \_\_\_\_\_\_\_\_\_

Employee Number \_\_\_\_\_\_\_\_\_\_

Data Entry:  PA52.1  PA52.5  PA52.4

Verify on P100 Report  Check PA26.1

EE Date of Birth \_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_

Review Date: \_\_\_\_\_\_\_ Wage Change Date: \_\_\_\_\_\_\_

EEO: \_\_\_\_\_\_\_\_\_\_