|  |  |  |
| --- | --- | --- |
| **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 hourCDL Required: [ ]  Yes [ ]  NoComments: 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: \_\_\_\_\_\_\_\_\_\_