

Employee Action Form Instructions

Address Change (work location)

1. Employee Name: Employee's full name.
2. Action Date: Date of action.
3. Employee ID: Employee ID Number
4. Calendar
5. Distribution # (See attached spreadsheet)
6. Department # (See attached spreadsheet)
7. Division # (See attached spreadsheet)
8. Location # (See attached spreadsheet)
9. Signatures: Employee, Supervisor, Payroll Administrator and Appointing Authority must sign.

Please note: Other forms needed for address change (work location) include:
Local Tax Form

Distribution: Forms must be signed by all parties before distribution, send copies to the following.

- 1. Employee's HR Department or Human Resources for all employees under the Commissioners.**
- 2. Auditor's Office (Permanent changes are due to the Auditor's office by NOON the Friday before pay. Changes must be in the system before timecard information can be entered.**
- 3. Benefits/HR**
- 4. Employee's Department**

Please note: Multiple changes on one employee should be made on one EAF form.

Updated 06/12

Employee Action Form Instructions

Calendar Change: (Mainly for EMS Employees)

1. Employee Name: Employee's full name.
2. Action Date: Date of Action.
3. Employee ID: Employee ID Number
4. Type Status

ORC Definitions:

Temporary Appointment: An appointment for a limited period of time, fixed by the appointing authority and approved by the director for a period not to exceed six months.

Intermittent Appointment: An appointment where an employee works an irregular schedule which is determined by the fluctuating demands of the work and is not predictable and is generally characterized by requiring less than one thousand hours per year.

5. Calendar
6. Work Hours (Days/Week): List specific number of days worked each week.
7. Hours/Day: List specific number of hours worked each day.
8. Distribution # (See spreadsheet)
9. Department # (See spreadsheet)
10. Division # (See spreadsheet)
11. Location # (See spreadsheet)
12. Org Key (List all)
13. Benefits Instructions: List benefits information, if any.
14. Additional Information:
15. Signatures: Employee, Supervisor, Payroll Administrator and Appointing Authority must sign.

Distribution: Forms must be signed by all parties before distribution, send copies to the following.

- 1. Employee's HR Department or Human Resources for all employees under the Commissioners.**
- 2. Auditor's Office (Permanent changes are due to the Auditor's office by NOON the Friday before pay. Changes must be in the system before timecard information can be entered.**
- 3. Benefits/HR**
- 4. Employee's Department**

Please note: Multiple changes on one employee should be made on one EAF form.

Distribution

0001	A	AUDITOR	AUDITOR	0017	I	INTENSIVE SUPERVISION
			REAL ESTATE ASSESSMENT	0018	J	JOB & FAMILY SERVICES
			GIS	0019	T	JUVENILE COURT
			BMV			JUVENILE COURT
			DATA SUPPORT			PROBATE COURT
0002	B	BOARD OF DEVELOPMENT DISABILITIES				COMM SER RESTITUTION
0003	N	BOARD OF ELECTIONS				FAMILY DRUG COURT
0004	UV	CLERK OF COURTS				JUVENILE CARE & CUSTODY
			U LEGAL DIVISION			YOUTH SERVICES SUBSIDY
			V TITLE DIVISION			SCHOOL LIAISON
0005	C	COMMISSIONERS				AMERICORE
			COMMISSIONERS			JUVENILE ACCT INCEN.
			LAW LIBRARY	0020	M	MAP ROOM
			PUBLIC DEFENDER	0021	X	MENTAL HEALTH
			ADULT PROBATION	0022	PP	PRESERVATION PARKS
			CORONER	0023	P	PROSECUTOR
			JT ECONOMIC DEVELOPMENT			PROSECUTOR
0006	CP2	COMMON PLEAS 2				VICTIMS ASST
0007	CP3	COMMON PLEAS 3				DELINQUENT TAX-TREAS
0008	G	CSEA		0024	Q	RECORDER
0009	DA	DELAWARE AREA TRANSIT AGENCY		0025	K	REGIONAL PLANNING
0010	E	EMERGENCY SERVICES		0026	S	SHERIFF SHERIFF
			EMS			ROAD & BRIDGE
0011	M	ENGINEER				
0012	CO	CORONER		0027	SW	SOIL & WATER
0013	F	FACILITIES		0028	TR	TREASUR TREASURER
			LAND AND BUILDINGS			DELINQUENT TAX - TREASURER
			GARAGE	0029	VA	VETERAN SERVICES
0015	H	HEALTH		0030	O	ENVIRONMENTAL SER-CODE COMPLIANCE/ZONING
0014		FAMILY & CHILDREN'S FIRST		0031	Y	ENVIRONMENTAL SER-SAN. ENG ADM/TRANSFER STATION
0016	R	HUMAN RESOURCE		0032	W	ENVIRONMENTAL SER-OECC/AC/PKG PLANTS
			PERSONNEL	0033	Z	RECORDS CENER
			SAFETY	0034	LL	LAW LIBRARY
			DOG & KENNEL	0035	EM	EMA
			SELF INSURANCE	0036	EB	911
			HEALTH INSURANCE			

Division

DIV #

0110	AUDITOR	
0111	COMMISSIONERS	
0112	PROSECUTOR	
0113	RECORDER	
0114	TREASURER	
0116	BOARD OF ELECTIONS	
0120	CLERK OF COURTS	
0121	COMMON PLEAS 2	
0122	COMMON PLEAS 3	
0126	JUVENILE COURT	
0130	CORONER	
0131	SHERIFF	
0140	ENGINEER	
0152	BOARD OF DD	
0162	VETERANS SERVICES	
0251	HEALTH	
0252	MENTAL HEALTH	
0261	FAMILY AND CHILDREN'S FIRST	
0270	REGIONAL PLANNING	
0290	SOIL & WATER DISTRICT	
0291	DELAWARE AREAS TRANSIT AGENCY	
0292	PRESERVATION PARKS	
0293	EMA-Emergency Management Agency	6/09
0294	LAW LIBRARY	6/09

EMPLOYEE ACTION FORM INFORMATION

TYPE STATUS

APTE	APPOINTED OFFICIAL
BDPD	BOARD PAID
BDUP	BOARD UNPAID
ELEC	ELECTED OFFICIAL
FTPM	FULL TIME PERMANENT
FTIN	FULL TIME INTERMITTENT
FTTE	FULL TIME TEMPORARY
PTPM	PART TIME PERMANENT
PTIN	PART TIME INTERMITTENT
PTTE	PART TIME TEMPORARY

HR STATUS

AC	ACTIVE
DE	DECEASED/DEATH
DR	DISABILITY RETIREMENT
DS	DISABLED
FM	FMLA
IN	INACTIVE
MP	MILITARY PAID
MU	MILITARY UNPAID
PA	PAID ADMINISTRATION LEAVE
RH	ACTIVE/REHIRED
RR	RETIRED REHIRE
RT	RETIRED
TC	TERMINATED SO COR NO NOTICE
TM	TERMINATED LESS THAN 10 YRS SERVICE
TT	TERMINATED MORE THAN 10 YRS SERVICE
UA	UNPAID ADMINISTRATION LEAVE
UF	UNPAID FMLA
UM	UNPAID MEDICAL
US	UNPAID SUSPENSION

BARGAINING UNIT

AFSCMEEN	AFSCME ENGINEER UNION
AFSCMEES	AFSCME ENVIRONMENTAL SERVICES
AFSCMEJF	AFSCME JOB & FAMILY SERVICES
IAEMT	INTL ASSOC OF EMT'S & PARAMEDICS
NONU	NONUNION
NOPBACOS	NOPBA CORR OFF SUPER
NOPBADP	NOPBA SHERIFF DISPATCHERS
NOPBALES	NOPBA LAW ENFOR SUPERVISORS
NOPBASH	NOPBA SHERIFF DEPUTIES
NOPBASR	NOPBA SERGEANT RANK
BODDNU	BOARD OF DD NON UNION
DATANU	DATA NON UNION
MENHLTNU	MENTAL HEALTH NON UNION
BDMNTHNU	BOARD MEM PD MONTHLY NON UNION
PRSPKSNU	PRESERVATION PARKS NON UNION

CALENDAR

NORMAL	NORMAL
NONHOLIDAY	NONHOLIDAY
DODD	BOARD OF DEVELOPMENTAL DISABILITIES
HEALTH	HEALTH DEPARTMENT
MTH10HR	MON-THURS 10 HOUR DAYS
BLUE 2 (EMS)	EMS BLUE 2 SHIFT
GREEN 1 (EMS)	EMS GREEN 1 SHIFT
RED 3 (EMS)	EMS RED 3 SHIFT
WWT1	WASTE WATER TREATMENT SCH 1
WWT 2	WASTE WATER TREATMENT SCH 2
WWT 3	WASTE WATER TREATMENT SCH 1
WWT 4	WASTE WATER TREATMENT SCH 2

EEO CODE

ALKF	ALASKAN FEMALE	ASPM	PACIFIC ISLANDER MALE
ALKM	ALASKAN MALE	BLKF	BLACK FEMALE
AMIF	AMERICAN INDIAN FEMALE	BLKM	BLACK MALE
AMIM	AMERICAN INDIAN MALE	HISF	HISPANIC FEMALE
ASAF	ASIAN FEMALE	HISM	HISPANIC MALE
ASAM	ASIAN MALE	WHTF	WHITE FEMALE
ASPF	PACIFIC ISLANDER FEMALE	WHTM	WHITE MALE

REACTION TYPE

PM	NORMAL PAY ASSIGNMENT
RO	SPORADIC PAY (EXAMPLE: ELECTION NIGHT WORKERS & PT DUTY SUPERVISORS)
AO	ADDITIONAL ASSIGNMENT PAID EVERY PAY ALONG WITH THE EMPLOYEES PRIMARY ASSIGNMENT (EXAMPLE: EXTRA PAY FOR A LONG TERM PROJECT)

PAYCLASS

100	COMM ADMIN	420	SHERIFF DEPUTIES
105	ELECTED OFFICIAL	430	SHERIFF GENERAL
110	GENERAL COMM	440	PT SHERIFF DEPUTIES
115	PT TEMP LESS 180D	450	CORR OFFICER SUPERVISOR
120	PT WITH NO HEALTH INS	460	LAW ENFORCEMENT SUPERVISOR
125	FT EMPL ELECTION NIGHT PAY	510	MILITARY UNPAID
126	FT EMPL ELECT NO ACC	520	WORKERS COMP NOT PAID
130	PT INTERMITTENT-SEAS	600	BRD DEV DISABILITIES
170	UNDIVIDED INHERITANCE	625	JUDGES
200	JOB & FAMILY SERVICES CONTRACT	650	SOIL & WATER
250	WASTE WATER TRTMNT CONTRACT	700	HEALTH DEPT
275	ENGINEER UNION	701	PT HEALTH SPECIAL
300	EMS CONTRACT	725	MENTAL HEALTH
310	EMS OUT OF CLASS PAY	750	PRES PARKS FT EXEMPT
320	EMS PART TIME NO BENI	751	PRES PARKS NON-EXEMPT PERM
325	EMS 12 HR EMPLOYEES	752	PRES PARKS PT SEASONAL
330	EMS CAPTAINS (DS)	800	BOE TIME CARD NON EXEMPT
400	CORRECTIONS OFFICER	911	911 BARGAINING UNIT
410	SHERIFF DISPATCHERS		

REASON CODE

CA	CALENDAR CHANGE
CI	CONTRACT INCREASE
CL	COST OF LIVING
DM	DEMOTION
MA	MARKET ADJUSTMENT
MI	MERIT INCREASE
NH	NEW HIRE
OC	ORG KEY CHANGE
PI	PROBATION INCREASE
PR	PROMOTION
PS	PAY STEP
SC	SHIFT CHANGE
TF	TRANSFER
OO	MISCELLANEOUS

Jun-12

Location

					In or outside delaware city limits	
0001	911	10 COURT ST			IN	
0002	AUDITOR	140 N SANDUSKY ST			IN	
0003	ADM OF BOARD OF DEVELOPMENTAL DIS.	7991 Columbus Pike, Lewis Center, OH 43035			OUT	moved 10/
0004	BOARD OF ELECTIONS	2079 US 23 N, PO BOX 8006			IN	
0005	CODE COMPLIANCE	50 CHANNING ST			IN	
0006	CLERK OF COURTS	91 N SANDUSKY ST			IN	
0007	COMMISSIONERS	101 N SANDUSKY ST			IN	
0008	COMMON PLEAS 2	91 N SANDUSKY ST			IN	
0009	COMMON PLEAS 3	91 N SANDUSKY ST			IN	
0010	CSEA	140 N SANDUSKY ST			IN	
0011	DATA CENTER	10 COURT ST			IN	
0012	DOG & KENNEL	4781 COUNTY HOME RD			OUT	
0013	EMA	10 COURT ST			IN	
0014	EMS	10 COURT ST			IN	
0015	EMS1	909 US 23 NORTH			IN	
0016	EMS2	283 W GRANVILLE ST, SUNBURY			OUT	
0017	EMS3	6226 THIRD ST, LEWIS CENTER			OUT	
0018	EMS4	4095 SR 203, RADNOR			OUT	
0019	EMS5	245 W HIGH ST, ASHLEY			OUT	
0020	EMS6	12844 OLIVE GREEN RD, SUNBURY			OUT	
0021	EMS7	7177 NORTHGATE WAY STE A, WESTERVILLE OH			OUT	OUT OF W
0022	EMS8	6457 US 36 W, OSTRANDER			OUT	
0023	EMS9	13961 WOODTOWN RD, GALENA			OUT	
0024	ENGINEER	50 CHANNING ST			IN	
0025	FACILITIES	1405 US 23 NORTH			OUT	
0026	GIS	140 N SANDUSKY ST			IN	
0027	HEALTH DEPT	1 W WINTER ST 2ND FLOOR			IN	
0028	JOB & FAMILY SERVICES	140 N SANDUSKY ST			IN	
0029	ADULT COURT SERVICES	22 COURT ST			IN	
0030	JUVENILE COURT	140 N Sandusky St,			IN	moved 9/2
0031	PROBATE COURT	140 N Sandusky St			IN	
0032	LAW LIBRARY	20 W CENTRAL AVE			IN	
0033	MAILROOM	140 N SANDUSKY ST			IN	
0034	MAP ROOM	140 N SANDUSKY ST			IN	
0035	MENTAL HEALTH	40 N SANDUSKY ST			IN	
0036	OHIO STATE EXT	149 N Sandusky St			IN	
0037	OECC	10333 OLENTANGY RIVER RD,			OUT	
0038	ACWRF	7767 WALKER WOODS RD, LEWIS CENTER			OUT	
0039	HUMAN RESOURCES	10 COURT ST			IN	
0040	PRESERVATION PARKS	2656 HOGBACK RD, SUNBURY 43074			OUT	
0041	PROSECUTOR	140 N SANDUSKY ST			IN	
0042	VICTIMS ASST	140 N SANDUSKY ST			IN	
0043	PUBLIC DEFENDER/ADULT PROB.	91 N SANDUSKY ST			IN	
0044	RECORDER	140 N SANDUSKY ST			IN	
0045	RECORDS CENTER	2079 US 23 NORTH			IN	
0046	REGIONAL PLANNING	109 North Sandusky St			IN	
0047	SANITARY ENGINEER	50 CHANNING ST			IN	
0048	SERVICE CENTER	1405 US 23 N			OUT	
0049	SHERIFF-JAIL	844 US 42 N			IN	
0050	SHERIFF-DETECTIVE	1251 US 23 N			OUT	
0051	SOIL & WATER	557 A SUNBURY RD			IN	
0052	SOLID WASTE DISTRICT	203 S PROSPECT ST			OUT	
0053	SOLID WASTE TRANSFER STATION	888 US 42 N			OUT	
0054	TITLE OFFICE	2079 US Rte 23 N			IN	
0055	TREASURER	140 N SANDUSKY ST			IN	
0056	VETERANS SER	149 N Sandusky St			IN	
0057	FAMILY & CHILDREN'S FIRST	140 N SANDUSKY ST, 2ND FLOOR			IN	
0058	DELAWARE AREA TRANSIT AGENCY	119 Henderson Court, Delaware, Oh 43015			IN	
0059	CUSTODIANS	140 N SANDUSKY ST			IN	
0060	JOB & FAMILY SERVICES WORKFORCE	4565 COLUMBUS PIKE			OUT	
0061	CORONER	149 N SANDUSKY ST 1st Floor			IN	
0062	MUNICIPAL COURT	70 N UNION ST			IN	
0063	SHERIFF-COURTHOUSE	91 N SANDUSKY ST			IN	
0064	SHERIFF LE (AT JAIL)	844 US 42 N			IN	

Location

0065	HICKORY KNOLL SCHOOL	4981 COUNTY HOME RD			OUT	
0066	BOARD OF DEVELOPMENTAL DISABILITY/Al	106 Stover Dr, Delaware, OH 43015			OUT	moved 10/
0067	WYANDOT RUN ELEMENTARY	2800 CARRIAGE RD, POWELL			OUT	
0068	SCHULTZ ELEMENTARY	499 APPLGATE LN, DELAWARE			IN	
0069	HAYES HIGH SCHOOL	289 EUCLID AVE, DELAWARE			IN	
0070	BIG WALNUT SCHOOL	555 S OLD 3C HWY, SUNBURY			OUT	
0071	TITLE OFFICE NORTH POINT	8647 COLUMBUS PIKE, LEWIS CENTER			OUT	
0072	SHERIFF ADM	149 N Sandusky St			IN	
0073	SHERIFF DISPATCHERS	10 COURT ST			IN	
0074	EMS STATION 10	3271 CHESHIRE RD			OUT	
0075	CORONER	149 N SANDUSKY ST			IN	
0076	BMV	8625 COLUMBUS PIKE, LEWIS CENTER			OUT	No longer i
0077	FRANK B WILLIS BLDG	2079 US Rte 23 N			IN	

Employee Action Form Instructions

Name Change:

1. Employee Name: Employee's full name.
2. Action Date: Date of action.
3. Employee ID: Employee ID Number
(Note: A copy of the social security card showing the NEW name is necessary to process a name change)
4. Additional Information: (if any)
5. Signatures: Supervisor, and employee must sign.

Distribution: Forms must be signed by all parties before distribution, send copies to the following.

- 1. Employee's HR Department or Human Resources for all employees under the Commissioners.**
- 2. Auditor's Office (Permanent changes are due to the Auditor's office by NOON the Friday before pay. Changes must be in the system before timecard information can be entered.**
- 3. Benefits/HR**
- 4. Employee's Department**

Please note: Multiple changes on one employee should be made on one EAF form.

Updated 06/12

Employee Action Form Instructions

New Hire:

1. Employee Name: Employee's full name.
2. Action Date: Date of action.
3. Primary Address: Employee's home address including city, state and zip code.
4. Home Phone: Employee's home phone number
5. Social Security #: Employee's Social Security Number or Employee ID Number
6. E-Mail Address: Employee's work e-mail address.
7. Type Status
ORC Definitions:
Temporary Appointment: An appointment for a limited period of time, fixed by the appointing authority and approved by the director for a period not to exceed six months.

Intermittent Appointment: An appointment where an employee works an irregular schedule which is determined by the fluctuating demands of the work and is not predictable and is generally characterized by requiring less than one thousand hours per year.
8. HR Status
9. Bargaining Unit
10. Classified/ Unclassified
11. Calendar
12. Work Hours (Days/Week): List specific number of hours worked each week
13. Hours/Day: List specific days worked each week
14. Distribution # (See spreadsheet)
15. Department # (See spreadsheet)
16. Division # (See spreadsheet)
17. Location # (See spreadsheet)
18. Hire Date: Date employee begins work
19. Exempt/Non-Exempt FLSA
20. Unmarried/ Married
21. EEO Code
22. Disabled: Yes/ No
23. Reaction Type
24. Veteran: Yes/ No
25. Pay Class
26. Reason Code
27. Job Code
28. Position
29. PCN #: Consult HR for new PCN numbers, if necessary
30. Salary / Hourly Wage: Indicate appropriate information.

31. Org Key (List all by percentage)
32. Benefits Instructions: List any instructions and benefits start date.
33. Additional Information
34. Signatures: Employee, Supervisor, Payroll Administrator and Appointing Authority must sign.

Please Note: Other forms needed for new hires include:

- Auditors New Hire Form
- I-9 Form
- Declaration Regarding Material Assistance/Nonassistance to a Terrorist
- Auditor of State's Fraud Reporting Acknowledgement Form
- SSA-1945 Form
- PERS Form
- W-4 Form
- Ohio Tax Form
- Local Tax Form
- Direct Deposit Form (if the employee requests direct deposit)
- Insurance Form (for HR)
- Organization Form (for HR)

These forms will be completed in Human Resources Orientation ONLY if the employee is required to attend HR Orientation.

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- 3. Benefits/HR**
- 4. Employee's Department**

Please note: Multiple changes on one employee should be made on one EAF form.

Updated 06/12

Employee Action Form Instructions

Org Key Change:

1. Employee Name: Employee's full name.
2. Action Date: Date of action.
3. Employee ID: Employee ID Number
4. Department #: (See spreadsheet)
5. Org Key (List all by percentage)
6. Additional Information
7. Signatures: Supervisor, Payroll Administrator and Appointing Authority must sign.

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- 1. Employee's HR Department or Human Resources for all employees under the Commissioners.**
- 2. Auditor's Office (Permanent changes are due to the Auditor's office by NOON the Friday before pay. Changes must be in the system before timecard information can be entered.**
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Updated 6/12

Employee Sick/Vacation Payoff

For employees who resigned, terminated, or retired from the county

This form must be turned in by 12:00 noon the Friday before payroll

Name _____

Hourly Rate _____

	Hours	Total Pay
Regular hours worked	_____	_____
Holiday	_____	_____
Overtime hours worked	_____	_____
Vacation hours taken	_____	_____
Sick hours taken	_____	_____
Comp hours taken	_____	_____
Other hrs taken	_____	_____
Vacations hours to payoff	_____	_____
Sick hours w/County to payoff	_____	_____
PS Sick hours to payoff	_____	_____
Prior year Comptime to payoff	_____	_____
Current year Comptime payoff	_____	_____
Prior year Holiday to payoff	_____	_____
Current year Holiday to payoff	_____	_____
Paid Allowances, pro-rate	_____	_____
_____ payoff	_____	_____
Total Gross Pay	_____	_____

Action Type (circle one)

Retired

Death/Deceased

Inactive: Resigned/ Fired

For bargaining units that apply, choose one of the following

Terminated Less than 10 yrs Service

Terminated More than 10 yrs Service

Terminated S.O. Corr No Notice

Last Day Worked _____

Does this employee have access to IFAS? Check one.

No

Yes

If yes, please attach a copy of the IFAS security access form.

Does this employee have a Procurement Card? Check one.

No

Yes

Does this employee have a Paid Allowance?

No

Yes

If yes, pro-rate amount above.

Does this employee have a Scheduled Non-Paid Taxable Benefit?

No

Yes

Includes: Clothing/Uniform, Internet, Air Cards, etc.

Payroll Administrator _____

Date _____

Supervisor/ Appointing Authority _____

Date _____

Employee Action Form Instructions

PCN Change: Includes cost center change, skill level change, position change, etc.

1. Employee Name: Employee's full name.
2. Action Date: Date of action.
3. Employee ID: Employee ID Number
4. Classified / Unclassified
5. Exempt/Non-Exempt FLSA
6. Reaction Type
7. Pay Class
8. Reason Code
8. Job Code
9. Position
10. PCN #: (Consult HR for new PCN numbers)
11. Salary / Hourly Wage
12. Org Key (List all by percentage)
13. Additional Information
14. Signatures: Employee, Supervisor, Payroll Administrator and Appointing Authority must sign.

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Updated 06/12

Employee Action Form Instructions

Supplemental Assignment:

- Supplemental assignments may include sporadic pay for election night workers and part-time duty supervisors.
- Additional Assignment is an amount paid to an employee every pay period along with their primary assignment.

1. Employee Name: Employee's full name.
2. Action Date: Date of action.
3. Employee ID: Employee ID Number
4. Type Status

ORC Definitions:

Temporary Appointment: An appointment for a limited period of time, fixed by the appointing authority and approved by the director for a period not to exceed six months.

Intermittent Appointment: An appointment where an employee works an irregular schedule which is determined by the fluctuating demands of the work and is not predictable and is generally characterized by requiring less than one thousand hours per year.

5. HR Status
6. Bargaining Unit
7. Classified / Unclassified
8. Calendar: Please Note calendar will usually be non-holiday for supplemental or additional assignments.
9. Work Hours (Days/Week): List specific number of days worked per week.
10. Hours/Day: List specific hours worked per day.
11. Distribution# (See spreadsheet)
12. Department # (See spreadsheet)
13. Division # (See spreadsheet)
14. Location # (See spreadsheet)
15. Hire Date: Date employee began working for County.
16. Exempt/Non-Exempt FLSA
17. Reaction Type
18. Pay Class
19. Reason Code
20. Job Code
21. Position
22. PCN #: Consult HR for new PCN numbers
23. Salary / Hourly Wage

- 24. Org Key (List all by percentage)
- 25. Additional Information
- 26. Signatures: Employee, Supervisor, Payroll Administrator and Appointing Authority must sign.

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- 4. Employee's Department

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Updated 06/12

Employee Action Form Instructions

Termination – Voluntary / Involuntary: Check One

1. Employee Name: Employee's full name.
2. Action Date: Date of Action.
3. Employee ID: Employee ID number
4. HR status
5. Org Key (List all by percentage)
6. Benefits Instructions: List benefit end date and other necessary information
7. Additional Information: Last day worked/ paid if different from Action Date
8. Signatures: Employee, Supervisor, Payroll Administrator and Appointing Authority must sign.

Please note: Other forms needed for terminations include:
Employee Benefit Worksheet (HR)
Employee Payoff Worksheet-Auditor

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- 2. Auditor's Office (Permanent changes are due to the Auditor's office by NOON the Friday before pay. Changes must be in the system before timecard information can be entered.**
- 3. Benefits/HR**
- 4. Employee's Department**

Transfers from one appointing authority or department to another: If an employee is moving from one department to another **without** a break in service, payroll considers this a transfer. For a transfer, payroll needs the following information:

1. Sick Leave Balance
2. An EAF from the department the employee is transferring to. The employees former department and the employees new department must sign this EAF.

Please note: Multiple changes on one employee should be made on one EAF form.

Updated 06/12

Employee Action Form Instructions

Other: Transfer

1. Employee Name: Employee's full name.
2. Action Date: Date of action.
3. Employee ID: Employee ID Number
4. Bargaining Unit
5. Classified/ Unclassified
6. Calendar
7. Work Hours (Days / Week): List specific number of days worked per week.
8. Hours/Day: List specific number of hours worked per day.
9. Distribution # (See spreadsheet)
10. Department # (See spreadsheet)
11. Division # (See spreadsheet)
12. Location # (See spreadsheet)
13. Exempt / Non Exempt FLSA
14. Pay Class
15. Reason Code
16. Job Code
17. Position
18. PCN #: Consult HR for PCN number, if necessary.
19. Salary/Hourly Wage
20. Org key (list all by percentage)
21. Benefits Instructions
22. Signatures: Employee, Supervisor, Payroll Administrator and Appointing Authority must sign. (See specific instructions below)

Please note: Other forms needed for transfer include:

Local Tax Form
Employee Payout Form

Distribution: Forms must be signed by all parties before distribution, send copies to the following.

- 1. Employee's HR Department or Human Resources for all employees under the Commissioners.**
- 2. Auditor's Office (Permanent changes are due to the Auditor's office by NOON the Friday before pay. Changes must be in the system before timecard information can be entered.**
- 3. Benefits/HR**
- 4. Employee's Department**

Please note: Multiple changes on one employee should be made on one EAF form.

Transfers from one appointing authority or department to another: If an employee is moving from one department to another **without** a break in service, payroll considers this a transfer. For a transfer, payroll needs the following information:

1. Sick Leave Balance
2. An EAF from the department the employee is transferring. The employee former department and the employees new department must sign this EAF.

Updated 06/12

Employee Action Form Instructions

Wage Change:

1. Employee Name: Employee's full name.
2. Action Date: Date of action.
3. Employee ID: Employee ID Number
4. Pay Class
5. Reason Code
6. Salary / Hourly Wage
7. Evaluation Score
8. Previous Wage
9. % Increase
10. Org Key (List all by percentage)
11. Additional Information
12. Signatures: Employee, Supervisor, Payroll Administrator and Appointing Authority must sign.

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Updated 06/12

Employee Action Form Instructions

Work Hours Change:

1. Employee Name: Employee's full name.
2. Action Date: Date of action.
3. Employee ID: Employee ID Number
4. HR Status
5. Calendar
6. Work Hours (Days/Week): Number of days worked per week.
7. Hours/Day: Number of hours worked per day.
8. Pay Class
9. Benefits Instructions
10. Additional Information
11. Signatures: Employee, Supervisor, Payroll Administrator and Appointing Authority must sign.

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Updated 06/12