***Important: Failure to submit both forms and/or incomplete forms will be returned to the department.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACTION** | **New Hire  Rehire\*** | | | | **Employee #:** | | |  | | |
| **Contributing to City Retirement:** | | | **Y  N** | **Employee Start Date:** | | |  | | |
| **Contributing to OBRA:** | | | **Y  N** | **Last 4 Digits SSN:** | | |  | | |
| **Name:** | *Last:* |  | | *First:* |  | | | *M.I.:* |  |
| **New Position  Backfill\*\*** | | | **Prior Incumbent’s Name:** | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **JOB / SALARY** | **Job Class:** | |  | | | | | | | **Job Title:** | |  | | | | | | | | |
| **Location:** | |  | | | | | | | **Group Bargaining Unit/Union:** | | | | | | |  | | | |
| **Reports to:** | |  | | | | | | | | | **Standard Hours:** | | | |  | | | | |
| **Job Type:** | | | **Full Time** | | | | | **Part Time** | | | **Civil Service:** | | | | **Y  N** | | | | |
| **Permanent** | | | **Temporary** | | | | | **Seasonal** | | | **Emergency** | | | | **Provisional** | | | **Intermittent** | |
| **Employee Type:** | | | | | | **Hourly/Non Exempt** | | | | | | | **Salaried/Exempt** | | | | **Pay Grade:** | |  |
| **Funding:** | |  | | | | **General Fund** | | | | | | | **Grant Fund** | | | | | | |
| **Org:** |  | | | | | | | | | **Object:** |  | | | **Project:** | | |  | | |
| **Start Date:** | |  | | | | | | | | **End Date:** |  | | | | | | | | |
| **Pay Rate:** | | *Hourly:* | | |  | | | | | *Weekly:* |  | | | *Annual:* | | |  | | |
| **Additional Licenses:** | | | | | **725/726 CDL  768/770 Pesticide  727/728 Construction** | | | | | | | | | | | | | | |
| **Check Location:** | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **TLM INFO** | **TLM Department:** | | | |  | | | | | | | | **Person Type:** | | | |  | | | |
| **Pay Rule:** | |  | | | | | | | | | | **Accrual Profile:** | | | |  | | | |
| **Annual Vacation (NB):** | | | | | |  | | | | | | **Position Number:** | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **COMPANY EQUIPMENT** | **Date Assigned:** | | | |  | | | | | | | | | | | | | | | |
| **Description of Items/Type:** | | | | | | |  | | | | | | | | | | | | |
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| --- | --- | --- |
| **APPROVALS** |  |  |
|
| **Manager Signature** | **Date** |
|
| **Manager Print** | |