McLaren Health Care Corporation PERSONNEL ACTION FORM

| | | LEAVE OF ABSENCE |
|-------------------|-------------------|-------------------|
| COMPLETE SECTIONS | COMPLETE SECTIONS | COMPLETE SECTIONS |

1, 4, 6, 7 1, 2, 7 1, 3, 6, 7 1, 5, 6, 7 NAME SSN DEPT. NO. COMPANY DATE EMP. REQ. NO. EFF. DATE (PAY PERIOD BEGIN DATE) 2 4 **NEW HIRES CHANGES** START DATE JOB TITLE JOB CODE CHANGE FROM CHANGE TO DEPT. NAME DEPT. # DEPT. NAME DEPT. ALTERNATE JOB TITLE ALTERNATE JOB CODE STREET ADDRESS TITLE TITI F CITY STATE 7IP JOB CODE ALTERNATE JOB TITLE JOB CODE ALTERNATE JOB TITLE HOME PHONE OFFICE PHONE □ FT □ PT □ Casual □ FT □ PT □ Casual BEN ACC. CODE BEN. ACC. CODE BEN. ACC. CODE EXEMPT CODE AUTHORIZED HOURS EXEMPT CODE EXEMPT CODE HOUR GRADE PAY RATE SHIFT AUTHORIZED HOURS COMPANY AUTHORIZED HOURS COMPANY SAL. □ FULL □ PART □ CASUAL □ TEMP □ STUDENT □ REINSTATE PAY GRADE RATE PAY GRADE RATE TIME TIME SERVICE HRS. SEX RACE **BIRTH DATE** (Prior Hire) 5 LEAVE OF ABSENCE DATE: HOURS: EMPLOY CLASS. ACTUAL RET. DATE LAST DAY WORKED EXP. RET. DATE DO NOT REINSTATE WORKER'S COMP? 3 □ EXTENSION □ EARLY RETURN □ YES 🗆 NO **TERMINATIONS** LAST DAY WORKED EFFECTIVE DATE OF TERMINATION PHYSICIAN STATEMENT HUMAN RESOURCE ONLY □ RECEIVED □ FMLA □ Non FMLA PAY PERIOD ENDING DATE OF HIRE EMP. CLASS PAY GRADE JOB TITLE AND CODE 6 **REASON FOR ACTION** STREET ADDRESS FOR FORWARDING (IF DIFFERENT FROM CURRENT) CITY STATE 7IP FINAL CHECK □ HOLD □ PROCESS AS USUAL □ OTHER HUMAN RESOURCES ONLY TERMINATION CODE

SIGNATURES

| 7 | HUMAN RESOURCES SIGNATURE | DATE | DEPARTMENT MANAGER SIGNATURE | DATE |
|---|---------------------------|------|------------------------------|------|
| 8 | DIRECTOR SIGNATURE | DATE | ADMINISTRATION | DATE |

NEW HIRE

COMPLETE SECTIONS

McLaren Health Care Corporation PERSONNEL ACTION FORM

| | | LEAVE OF ABSENCE |
|-------------------|-------------------|-------------------|
| COMPLETE SECTIONS | COMPLETE SECTIONS | COMPLETE SECTIONS |

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SIGNATURES

| 7 | HUMAN RESOURCES SIGNATURE | DATE | DEPARTMENT MANAGER SIGNATURE | DATE |
|---|---------------------------|------|------------------------------|------|
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NEW HIRE

COMPLETE SECTIONS

McLaren Health Care Corporation PERSONNEL ACTION FORM

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NAME

COMPLETE SECTIONS 1, 2, 7

COMPLETE SECTIONS 1, 4, 6, 7

□ **TERMINATION** COMPLETE SECTIONS 1, 3, 6, 7

□ LEAVE OF ABSENCE COMPLETE SECTIONS

1, 5, 6, 7

DATE

DEPT. NO. COMPANY

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| 2 | NEW HIP | RES | EMP. REQ |). NO. | | 4 | CHA | NGES | EFF. DATE (PAY PERIOD | BEGIND | ATE) |
| START DATE JOB TITLE | | JOB CODE | JOB CODE CHANGE FROM | | FROM | CHANGE TO | | C | | | |
| ALTER | RNATE JOB TITLE | | | ALTERN | IATE JOB CODE | DEPT. N | | DEPT. # | DEPT. NAME | | DEPT. |
| STRE | ET ADDRESS | | | | | TITLE | | | TITLE | | |
| CITY | | | STATE | | ZIP | JOB CC | DE | ALTERNATE JOB TITLE | JOB CODE | ALTEF | RNATE JOB TITLE |
| HOME | E PHONE | | OFFICE P | HONE | | □ FT [□ Casu |] PT al | BEN ACC. CODE | FT PT | BE | N. ACC. CODE |
| BEN. | ACC. CODE | EXEMPT CODE | <u> </u> | AUTH | ORIZED HOURS | | T CODE | | EXEMPT CODE | | |
| PAY R | ATE | SAL. | HOUR | GRADE | SHIFT | AUTHO | RIZED HOURS | COMPANY | AUTHORIZED HOU | RS (| COMPANY |
| □ FUL TIM | L 🗆 PART 🗆 CASU/ E TIME | AL 🗆 TEMP 🔲 🖇 | STUDENT | | REINSTATE SERVICE HRS. | PAY GR | ADE | RATE | PAY GRADE | | RATE |
| SEX | RACE | BIR | TH DATE | | (Prior Hire) DATE: HOURS: | 5 | | /E OF ABSEN | | | |
| | | | | | DO NOT REINSTATE | LAST DA | Y WORKED | EMPLOY CLASS. | EXP. RET. DATE | ACTUA | AL RET. DATE |
| 3 | TERMINAT | IONS | | | | | ENSION 🗆 E | ARLY RETURN | WORKER'S COMP? | | |
| LAST D | AY WORKED EFFECTIVE DATE OF TERMINATION | | | RMINATION | PHYSICIAN STATEMENT | | HUMAN RESOURCE ONLY | | | | |
| PAY PE | RIOD ENDING | DATE OF HIRE | EMI | P. CLASS | PAY GRADE | | RECEIVED PENDING | | GINDER FINA STATES FMLA | | |
| JOB TIT | ILE AND CODE | 1 | | | | | | | | | |
| STREET | ADDRESS FOR FORWARD | DING (IF DIFFERENT | FROM CURRE | ENT) | | 6 | REA | SON FOR AC | TION | | |
| CITY | | | STATE | | ZIP | | | | | | |
| | CHECK | SUAL OTHER_ | | | | | | | | | |
| HUMAN | RESOURCES ONLY | | | | | | | | | | |

SIGNATURES

| 7 | HUMAN RESOURCES SIGNATURE | DATE | DEPARTMENT MANAGER SIGNATURE | DATE |
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| 8 | DIRECTOR SIGNATURE | DATE | ADMINISTRATION | DATE |

TERMINATION CODE _