

**McLaren Health Care Corporation
PERSONNEL ACTION FORM**

NEW HIRE
COMPLETE SECTIONS
1, 2, 7

CHANGE
COMPLETE SECTIONS
1, 4, 6, 7

TERMINATION
COMPLETE SECTIONS
1, 3, 6, 7

LEAVE OF ABSENCE
COMPLETE SECTIONS
1, 5, 6, 7

1	NAME	SSN	DATE	DEPT. NO.	COMPANY
		— —			

2	NEW HIRES		EMP. REQ. NO.
	START DATE	JOB TITLE	JOB CODE
ALTERNATE JOB TITLE		ALTERNATE JOB CODE	
STREET ADDRESS			
CITY		STATE	ZIP
HOME PHONE		OFFICE PHONE	
BEN. ACC. CODE	EXEMPT CODE	AUTHORIZED HOURS	
PAY RATE		<input type="checkbox"/> HOUR	GRADE
		SHIFT	
<input type="checkbox"/> SAL.			
<input type="checkbox"/> FULL <input type="checkbox"/> PART <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMP <input type="checkbox"/> STUDENT TIME TIME			<input type="checkbox"/> REINSTATE SERVICE HRS. (Prior Hire)
SEX	RACE	BIRTH DATE	
DATE:			
HOURS:			
<input type="checkbox"/> DO NOT REINSTATE			

4	CHANGES		EFF. DATE (PAY PERIOD BEGIN DATE)
	CHANGE FROM		CHANGE TO
DEPT. NAME		DEPT. #	DEPT. NAME
			DEPT.
TITLE			TITLE
JOB CODE	ALTERNATE JOB TITLE	JOB CODE	ALTERNATE JOB TITLE
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual	BEN. ACC. CODE	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual	BEN. ACC. CODE
EXEMPT CODE		EXEMPT CODE	
AUTHORIZED HOURS	COMPANY	AUTHORIZED HOURS	COMPANY
PAY GRADE	RATE	PAY GRADE	RATE

3	TERMINATIONS		
	LAST DAY WORKED	EFFECTIVE DATE OF TERMINATION	
PAY PERIOD ENDING	DATE OF HIRE	EMP. CLASS	PAY GRADE
JOB TITLE AND CODE			
STREET ADDRESS FOR FORWARDING (IF DIFFERENT FROM CURRENT)			
CITY		STATE	ZIP
FINAL CHECK			
<input type="checkbox"/> HOLD <input type="checkbox"/> PROCESS AS USUAL <input type="checkbox"/> OTHER _____			
HUMAN RESOURCES ONLY			
TERMINATION CODE _____			

5	LEAVE OF ABSENCE		
	LAST DAY WORKED	EMPLOY CLASS.	EXP. RET. DATE
		ACTUAL RET. DATE	
<input type="checkbox"/> EXTENSION <input type="checkbox"/> EARLY RETURN		WORKER'S COMP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN STATEMENT		HUMAN RESOURCE ONLY	
<input type="checkbox"/> RECEIVED <input type="checkbox"/> PENDING		<input type="checkbox"/> FMLA <input type="checkbox"/> Non FMLA	

6	REASON FOR ACTION		

SIGNATURES

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

- DISTRIBUTION -
 WHITE - PAYROLL YELLOW - HUMAN RESOURCES PINK - DEPARTMENT

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ALTERNATE JOB TITLE		ALTERNATE JOB CODE	
STREET ADDRESS			
CITY		STATE	ZIP
HOME PHONE		OFFICE PHONE	
BEN. ACC. CODE	EXEMPT CODE	AUTHORIZED HOURS	
PAY RATE		<input type="checkbox"/> HOUR	GRADE
		SHIFT	
<input type="checkbox"/> SAL.			
<input type="checkbox"/> FULL <input type="checkbox"/> PART <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMP <input type="checkbox"/> STUDENT		<input type="checkbox"/> REINSTATE	
TIME		SERVICE HRS.	
		(Prior Hire)	
SEX	RACE	BIRTH DATE	
		DATE:	
		HOURS:	
		<input type="checkbox"/> DO NOT	
		REINSTATE	

4	CHANGES		EFF. DATE (PAY PERIOD BEGIN DATE)
	CHANGE FROM		CHANGE TO
DEPT. NAME		DEPT. #	DEPT. NAME
			DEPT.
TITLE		TITLE	
JOB CODE	ALTERNATE JOB TITLE	JOB CODE	ALTERNATE JOB TITLE
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual	BEN. ACC. CODE	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual	BEN. ACC. CODE
EXEMPT CODE		EXEMPT CODE	
AUTHORIZED HOURS	COMPANY	AUTHORIZED HOURS	COMPANY
PAY GRADE	RATE	PAY GRADE	RATE

3	TERMINATIONS		
	LAST DAY WORKED	EFFECTIVE DATE OF TERMINATION	
PAY PERIOD ENDING	DATE OF HIRE	EMP. CLASS	PAY GRADE
JOB TITLE AND CODE			
STREET ADDRESS FOR FORWARDING (IF DIFFERENT FROM CURRENT)			
CITY		STATE	ZIP
FINAL CHECK			
<input type="checkbox"/> HOLD <input type="checkbox"/> PROCESS AS USUAL <input type="checkbox"/> OTHER _____			
HUMAN RESOURCES ONLY			
TERMINATION CODE _____			

5	LEAVE OF ABSENCE		
	LAST DAY WORKED	EMPLOY CLASS.	EXP. RET. DATE
		ACTUAL RET. DATE	
<input type="checkbox"/> EXTENSION <input type="checkbox"/> EARLY RETURN		WORKER'S COMP? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN STATEMENT		HUMAN RESOURCE ONLY	
<input type="checkbox"/> RECEIVED <input type="checkbox"/> PENDING		<input type="checkbox"/> FMLA <input type="checkbox"/> Non FMLA	

6	REASON FOR ACTION		

SIGNATURES

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ALTERNATE JOB TITLE			ALTERNATE JOB CODE		
STREET ADDRESS					
CITY		STATE		ZIP	
HOME PHONE			OFFICE PHONE		
BEN. ACC. CODE		EXEMPT CODE		AUTHORIZED HOURS	
PAY RATE		<input type="checkbox"/> HOUR		GRADE	
		<input type="checkbox"/> SAL.		SHIFT	
<input type="checkbox"/> FULL <input type="checkbox"/> PART <input type="checkbox"/> CASUAL <input type="checkbox"/> TEMP <input type="checkbox"/> STUDENT				<input type="checkbox"/> REINSTATE	
TIME				SERVICE HRS.	
				(Prior Hire)	
SEX	RACE	BIRTH DATE			
DATE:					
HOURS:					
<input type="checkbox"/> DO NOT REINSTATE					

4	CHANGES	EFF. DATE (PAY PERIOD BEGIN DATE)			
CHANGE FROM			CHANGE TO		
DEPT. NAME		DEPT. #	DEPT. NAME		DEPT.
TITLE			TITLE		
JOB CODE		ALTERNATE JOB TITLE		JOB CODE	
				ALTERNATE JOB TITLE	
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual		BEN. ACC. CODE		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Casual	
EXEMPT CODE			EXEMPT CODE		
AUTHORIZED HOURS		COMPANY		AUTHORIZED HOURS	
				COMPANY	
PAY GRADE		RATE		PAY GRADE	
				RATE	

3	TERMINATIONS				
LAST DAY WORKED		EFFECTIVE DATE OF TERMINATION			
PAY PERIOD ENDING		DATE OF HIRE	EMP. CLASS	PAY GRADE	
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CITY		STATE		ZIP	
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HUMAN RESOURCES ONLY					
TERMINATION CODE _____					

5	LEAVE OF ABSENCE				
LAST DAY WORKED		EMPLOY CLASS.	EXP. RET. DATE	ACTUAL RET. DATE	
<input type="checkbox"/> EXTENSION <input type="checkbox"/> EARLY RETURN			WORKER'S COMP?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
PHYSICIAN STATEMENT			HUMAN RESOURCE ONLY		
<input type="checkbox"/> RECEIVED			<input type="checkbox"/> FMLA <input type="checkbox"/> Non FMLA		
<input type="checkbox"/> PENDING					

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