

JOB ACTION REQUEST

	Action Requested				Check box if emp				loyee is returning from:	
Must print in Black or Bl	Rcd No. Last Name, First Name							Social Security Number (New Hire Only)		
Department								Department ID		
			WOR		ON					
Effective Date	Effective Date Act		ion I		Reason		Position No.		Company	
	I	JOE		ATION / JO		BOR				
Job Code	Job Code Title								Union Code	
Standard Hours		Regular Shift			Employee Class				Officer Code	
		SAI	LARY PLA	N / COMP	L ENSA	TION				
MBO Enrolled	MBO Holiday Schedul		y Schedule	Grade		Step			Step Rate	
Yes No	Regular* Non-Regular**									
* Regularly scheduled	to work holidays	. ** Not regula	-	o work holiday BC DATA	/S.					
Daily Scheduled Units Retiren		ent Hours			ition Status			Job Status		
		AUT	OMATED	ADDITION	IAL P	AY CR	TERIA			
Initiate	Earning Cod	le 🗌 In	Initiate		Earning Code		Initiate		Earning Code	
Cancel		□ c	ancel			Cancel				
Department Comm	ents					<u> </u>		<u> </u>		
Payroll Specialist Name (Print & Sign))	Mail Code			Phone Number		Date	

TO BE COMPLETED BY HR STAFF ONLY

Comments:	Elig Fld 1:

DISTRIBUTION: Original - EMACS-HR (0030) or EBSD-Leaves Team (0440) Copy - Department

MBO Elig. Config. Code	MBO Holiday Sched.	Keyed By	Date	Audited By	Date
		(Employee ID)		(Employee ID)	