



OWOSSO PUBLIC SCHOOLS

Ready for the World

Route: HR/Benefits	_____
Union	_____
Tech Dept Notified	_____
Accounting/Budgeting	_____
Payroll	_____
Scanning	_____

## PERSONNEL ACTION FORM

### New Hire Only

<b>Name:</b>		<b>Effective date of this action:</b>					
<b>Address:</b>		<b>Telephone number:</b>					
		<b>Date of birth:</b>					
<b>Position:</b> (Include Vacancy Posting Number)		<b>Account Number:</b>					
<b>Total Authorized Hours per day:</b>		<b>Auto Deduct lunch (hourly employees only)?</b> (Yes means that the time indicated below for unpaid lunch will automatically be deducted and no punch in or out will be required) <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Scheduled Hours (hourly employees only)</b> (Times, days worked and scheduled lunch/breaks) Ex: M-F 8:00 – 3:30/12:00-12:30 unpaid lunch		<b>List scheduled hours (hourly employees only):</b>					
<b>Number of hours authorized per day:</b>		<b>Location (Building/Department):</b>	<b>Wage rate:</b> <input type="checkbox"/> per hour <input type="checkbox"/> annual				
Previously employed by OPS? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently working for the district? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>HUMAN RESOURCES OFFICE ONLY</b>							
<b>Contract Length:</b> <input type="checkbox"/> 181 days <input type="checkbox"/> 189 days <input type="checkbox"/> 210 days <input type="checkbox"/> 215 days <input type="checkbox"/> 230 days <input type="checkbox"/> 240 days <input type="checkbox"/> 260 days (2080 hours) Other _____		<b>In Microsage</b>		<b>Benefits Available</b>	<b>Current Year</b>	<b>Next Year</b>	
		Basic			Sick Leave		
		Contacts			Personal Leave		
		Notes			Vacation Days		
		Notes: SL OESPA only			Flex Time (FT)		
		Accrual-SL			Catastrophic Sick Leave		
		Catastrophic SL			Insurance		
		Accrual-PL			Rep Code		
		Accrual-Vac			Holidays		
		Degree					
Certificate							
VeriTime/AESOP							
Rep Screen							
Union Position? <input type="checkbox"/> OEA <input type="checkbox"/> OESPA <input type="checkbox"/> No							
<b>Remarks:</b>							
<b>Supervisor Signature/Date:</b>			<b>Human Resources Approval/Date:</b>				

**Information must be complete and PAF/finger prints on file with the Human Resources Office prior to the first day of employment.** Compensation is computed on hours authorized by this PAF.

Form #678-1