

Transferred in Reso 2/18/13



~~she is~~ Union Exempt

PAR (PERSONNEL ACTION REQUEST FORM)

Form HR 01-M (PAR - June 2011) Manual Version

Please Check Off Entity: Jersey City Medical Center (11) Liberty Healthcare System - LLC (40) Faculties or Other*

* Specify OTHER or Faculty:

SECTION "A" EMPLOYEE'S NAME OR NEW HIRES	LAST NAME: <u>VOCATURO</u>	DEPT NAME: <u>7 EAST</u>	EMPLOYEE ID #: <u>11 0000</u>	EFFECTIVE DATE FOR ACTION
	FIRST: <u>ELIZABETH</u>	COST CENTER #: <u>6045</u>		<u>2/17/2013</u>
	MIDDLE INITIAL: _____	EMPL's Current TITLE: _____		
Current Employee <input type="checkbox"/>	Date of Hire: _____	<input checked="" type="checkbox"/> F/T	<input type="checkbox"/> Non-Union Position	
NEW Hire <input checked="" type="checkbox"/> (Complete Section "C" ONLY)		<input type="checkbox"/> P/T	<input type="checkbox"/> Union Position	
		<input type="checkbox"/> OTHER (Explain _____)		

SECTION "B"	TYPE OF ACTION REQUESTED			
TYPE OF ACTION REQUESTED	(Please Enter an "X" to Check off the Type of Action Requested and Complete the Applicable Section)			
	<input type="checkbox"/> Salary Change: (Complete Section "E")	<input type="checkbox"/> New Hire: (Complete Section "C")	<input type="checkbox"/> Dept / Entity Change or Transfer (Complete Section "D")	<input type="checkbox"/> Leave of Absence (LOA), or Extension Request (Complete Section "F")
	<input type="checkbox"/> Change of Hours, Empl or F/T Status (Complete Section "D")	<input type="checkbox"/> Title / Position Change (Complete Section "D")	<input type="checkbox"/> Other (Explain: _____)	

SECTION "C"	NEW HIRE TITLE: <u>RN</u>	Years of Experience: _____	Hiring Salary: \$ _____ (As Determined by HR)
NEW HIRE DATA	(Note: If this is a new position, attach Job Description and Paperless Form)		Hiring Dept. Name <u>Nursing Admin</u>
	New Hire Status: <input checked="" type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> P/D
	Hours Per Pay Period: _____	FTE: <u>1.0</u>	Hiring Cost Center: <u>6010</u>
	Name of Empl. Being Replaced: <u>For Wound Care</u>		Job Class Code #: _____
			Position Control #: _____
			Check off Box <input type="checkbox"/> Hourly <input type="checkbox"/> Annually

SECTION "D"	Current Title: _____	Job Code #: _____	Current Dept.: <u>7 EAST</u>	Current Cost Center: <u>6045</u>
TITLE CHANGE, EMPL OR FTE STATUS CHANGE, OR TRANSFER	New Title: _____	NEW Job Code: _____	New Dept.: <u>NURSING ADMINISTRATION</u>	New Cost Center: <u>6010</u>
	Years of Experience for new Title/Position: _____		New ENTITY: _____	
	CHANGE OF STATUS: FROM: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> PD		FTE CHANGE - FROM: <u>FT</u>	Current Scheduled Hours PPD: <u>7A-3P</u>
	TO: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> PD		TO: <u>FT</u>	NEW Scheduled Hours PPD: <u>7A-3P</u>

SECTION "E"	ENTER SALARY CHANGE INFORMATION, AS DETERMINED BY HUMAN RESOURCES OR UNION CONTRACT (Check Off Box For Reason)			
SALARY ACTION SECTION	Check Off Box to indicate Salary type: Hourly <input type="checkbox"/> Annual <input type="checkbox"/>			
	Current Salary: _____	<input type="checkbox"/> Across the Board Increase	<input type="checkbox"/> Position Upgrade (Same Title)	<input type="checkbox"/> Union Contract
	Proposed (NEW) Salary: _____	<input type="checkbox"/> Market Adjustment	<input type="checkbox"/> Additional Responsibilities	<input type="checkbox"/> Step Increase
	Increased Amt.: _____	<input type="checkbox"/> Promotion	<input type="checkbox"/> Temporary Assignment Ending on: _____	<input type="checkbox"/> Status Change
	Scheduled Hrs: _____	<input type="checkbox"/> Other (Explain): _____	<input type="checkbox"/> Demotion / Position Downgrade	
	CURRENT SHIFT: <input type="checkbox"/> 1st Shift (Day) <input type="checkbox"/> 2nd Shift (Eve) <input type="checkbox"/> 3rd Shift (Night)	ENTER NEW SHIFT: _____	Change Shift Amt (FROM:) \$ _____	TO: \$ _____

SECTION "F"	LOA Request: From: _____ Reason: <input type="checkbox"/> NJ FMLA (Self) <input type="checkbox"/> PERSONAL REASONS	LOA Extension Request (If applicable, attach document)
LOA	To: _____ <input type="checkbox"/> FMLA/SICK <input type="checkbox"/> NJ FMLA (Family) <input type="checkbox"/> OTHER (Contact HR For Information)	From: _____ To: _____

SECTION "G"	Signature → <u>Thomas Fivk</u>	Signature → <u>[Handwritten Signature]</u>	# _____
APPROVALS	Thomas Fivk Business Mg		
	Originator's Name, Signature & Date	Date	Dept. Head's Name
		Title & Date	CEO / Exec VP / Sr VP / VP's Name
			Title
		Date	Date
			Human Resources