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PERSONNEL ACTION REQUEST FORM

FORM HR-01 (PAR - January 2010)

This PAR is For: HUMAN RESOURCES JERSEY CITY MEDICAL CENTER

Processed on Entity Code: 11 By: [Signature] Employee Location: JERSEY CITY

SECTION "A"

LAST NAME: Genese FIRST NAME: Kerry M.I.:

EMPLOYEE'S or NEW HIRE'S NAME

THIS PAR IS FOR: A CURRENT EMPLOYEE

EE ID #: 11 0000 6844 EE TYPE: Full Time

Answer the Following Questions, Complete Section B and All Applicable Data

CURRENT EMPLOYEE'S TITLE: RN ENTER DATE OF HIRE: 8/9/2010 TENURE: 0.7

CURRENT DEPARTMENT: OPERATING ROOM DEPT. COST CENTER: 6140 ENTER POSITION TYPE: Union Position

SECTION "B"

SECTION "B" TYPE OF ACTION REQUESTED

TYPE OF ACTION BEING REQUESTED

Use the Drop Down to select the reason for submitting this PAR. Follow Instructions

Department Change, Title Change, NEW Salary

Enter Effective Date (Complete Section "D" and "E", if Applicable)

EFFECTIVE DATE FOR ACTION 2/20/2011

SECTION "C"

NEW HIRE DATA

NEW HIRE TITLE: Hiring Dept. Job Class #: Hiring Cost Center:

Hiring Status: SCHEDULED BI-Weekly Hours: 0.0 Regular BI-Weekly Hours:

ENTER Hiring Salary \$: Annual Hours: FTE: Position Control # (HR Use only):

Years of Experience:

Name of Empl. Being Replaced:

SECTION "D"

TITLE CHANGE, DEPT., ENTITY CHANGE OF STATUS OR TRANSFER

TITLE / POSITION CHANGE

Current Title: Old 6140 New Title: RN, Clinical Informatics Specialist Non-Union Position NEW 6016

TRANSFER (DEPARTMENT or ENTITY CHANGE)

Current Dept. Current Cost Center: New Dept.: New Cost Center:

CHANGE OF STATUS

Years of Experience

FROM: Current Position: For NEW Position: Enter Position's BI-Weekly Hours: 0.0

New Bi-Weekly Hrs.: 0.0

SECTION "E"

ENTER SALARY CHANGE INFORMATION, AS DETERMINED BY HUMAN RESOURCES OR UNION CONTRACT

SALARY ACTION SECTION

Table with columns: ENTER Current BI-Weekly Hours, Current Salary, Proposed (NEW) Salary, Increased Amt., % Increase, Enter Sal Type, Hourly Salary Is, Bi-Weekly Hrs., Annual Hrs., CHANGE SHIFT & AMOUNT.

ENTER REASON FOR SALARY CHANGE (Select From Drop Down)

PROMOTION

SECTION "F"

LOA

From: To: Reason For LOA Request:

LOA Extension Request (if applicable, attach document) From: To:

SECTION "G"

APPROVALS

Originator's Name, Title & Date: Dept. Head Name, Title & Signature: CEO/ Sr. VP / VP's Name & Signature: Human Resources Date: