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11-3-11 BKS

PAR (PERSONNEL ACTION REQUEST FORM)

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

Please Check Off Entity: Jersey City Medical Center **HUMAN RESOURCES** Liberty Healthcare System - LLC (40) Facilities or Other*
* Specify OTHER or Faculty:

SECTION "A" EMPLOYEE'S NAME OR NEW HIRES	LAST NAME: <u>Portales</u> DEPT NAME: <u>Emergency Room</u> EMPLOYEE ID #: <u>0000 6485</u> EFFECTIVE DATE FOR ACTION: <u>10/16/2011</u>
	FIRST: <u>Rafael</u> COST CENTER #: <u>6170</u>
	MIDDLE INITIAL: _____ EMPL's Current TITLE: <u>Staff Nurse</u> <input type="checkbox"/> Non-Union Position Current Employee <input checked="" type="checkbox"/> Date of Hire: <u>9/15/2009</u> <input checked="" type="checkbox"/> F/T <input type="checkbox"/> Per Diem <input checked="" type="checkbox"/> Union Position NEW Hire <input type="checkbox"/> (Complete Section "C" ONLY) <input type="checkbox"/> P/T <input type="checkbox"/> OTHER (Explain: _____)

SECTION "B" 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 Hires: (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 checked="" type="checkbox"/> Title / Position Change (Complete Section "D")
	<input type="checkbox"/> Other (Explain): _____	

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

SECTION "D" TITLE CHANGE, EMPL OR FTE STATUS CHANGE, OR TRANSFER	Current Title: <u>Staff Nurse</u> Job Code #: _____	Current Dept.: <u>Emergency Room</u> Current Cost Center: <u>6170</u>
	New Title: <u>Clinical Informatics Educator</u> NEW Job Code: _____	New Dept.: <u>Clinical Informatics</u> New Cost Center: <u>6016</u>
	Years of Experience for new Title/Position: _____	New ENTITY: _____
	CHANGE OF STATUS: FROM: <input type="checkbox"/> FIT <input type="checkbox"/> P/T <input type="checkbox"/> PD TO: <input type="checkbox"/> FIT <input type="checkbox"/> P/T <input type="checkbox"/> PD	FTE CHANGE - FROM: Current FTE: _____ Current Scheduled Hours PPD: _____ TO: NEW FTE: _____ NEW Scheduled Hours PPD: _____

SECTION "E" SALARY ACTION SECTION	ENTER SALARY CHANGE INFORMATION, AS DETERMINED BY HUMAN RESOURCES OR UNION CONTRACT (Check Off Box For Reason)	
	Check Off Box to Indicate Salary type: Hourly <input type="checkbox"/> Annual <input type="checkbox"/>	
	Current Salary: _____ Proposed (NEW) Salary: <u>40,000</u>	<input type="checkbox"/> Across the Board Increase <input type="checkbox"/> Position Upgrade (Same Title) <input type="checkbox"/> Union Contract <input type="checkbox"/> Shift Change <input type="checkbox"/>
	Increased Amt.: <u>43.27</u> Scheduled Hrs: <u>80.0</u> % Increase: _____	<input type="checkbox"/> Market Adjustment <input type="checkbox"/> Additional Responsibilities <input type="checkbox"/> Step Increase <input type="checkbox"/> Status Change <input type="checkbox"/>
		<input type="checkbox"/> Promotion <input type="checkbox"/> Temporary Assignment Ending on: _____
		<input checked="" type="checkbox"/> Other (Explain): <u>Position Change</u> Demotion / Position Downgrade <input type="checkbox"/>
	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	LOA Request: From: _____ Reason: <input type="checkbox"/> NJ FMLA (Self) <input type="checkbox"/> PERSONAL REASONS <input type="checkbox"/> NJ FMLA (Family) <input type="checkbox"/> OTHER (Contact HR For Information)	LOA Extension Request (If applicable, attach document) From: _____ To: _____
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SECTION "G" APPROVALS	10/10/2011 Signature: <u>Theresa Boruta</u> 10/10/2011 Signature: <u>RiJa Smith</u>	10/25/11 Signature: <u>[Signature]</u>
	Theresa Boruta, Manager Clinical Informatics	RiJa Smith, DNP, SVP Patient Care Services
	Originator's Name, Signature & Date	CEO / Exec VP / Sr VP / VP's Name Title Date Date Human Resources