

Choctaw Management Services Enterprise

Employee Action Notice

Date:		Prepared By:	
EMPLOYEE INFORMATION			
First Name:		Middle Name:	Last Name:
Maiden Name:		Social Security Number:	Phone number:
Address:		City:	State:
NEW HIRE POSITION INFORMATION			
<input type="checkbox"/> New Employee <input type="checkbox"/> Rehire		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Contract Name:		Contract Number:	ADP Dept:
Task Order:	Clin Line:		Business Unit:
Position Title:		Work Location:	Workers Comp:
<input type="checkbox"/> Hourly : \$ _____		or	<input type="checkbox"/> Salary: \$ _____ / per pay period
Annual Salary:		Leave Benefit:	
Effective Date:	SCA Seniority Date:		<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
Comments:			
STATUS CHANGE			
Contract Name:		Contract Number:	
Position Change:	From:		To:
Salary Change:	From:	<input type="checkbox"/> Hourly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Yearly	
	To:	<input type="checkbox"/> Hourly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Yearly	
Status Change:	From:		To:
Other Change:			
Effective Date:	Comments:		
TERMINATION INFORMATION			
Contract Name:		Contract Number:	
<input type="checkbox"/> Quit		<input type="checkbox"/> Resigned	<input type="checkbox"/> Dismissed <input type="checkbox"/> Other
Effective Date:	Last Day Worked:		Pay Through:
Subject for Re-Hire <input type="checkbox"/> Yes <input type="checkbox"/> No		Withhold from Final Check <input type="checkbox"/> Yes <input type="checkbox"/> No	
(HR Office Use Only) Accrued and/or Vested Leave		Reasons:	Amount: \$
Paid: Yes No	Comments:		
APPROVALS (Please sign)			
Managing Officer	Managing Officer	Committee Member	Committee Member