



**STATECIVILSERVICE**

## **JOB AIDS AND RESOURCES**

Documentation and Reporting Requirements

Sample – Employee Notification Form

### **EMPLOYEE NOTIFICATION FORM for [date]**

#### **Personal Information**

Employee Name: **John Doe**

Personnel Number: **00000001** Gender: **Male** Date of Birth: **xx/xx/xx**

Race: Ethnicity:

---

#### **Address Information**

Privacy Request:

Permanent Street	Mailing Street
City	Mailing City
State	Mailing State
Zip Code	Mailing Zip Code

---

#### **Employment Related Dates**

Anniversary Date	Adjusted Service Date
Performance Adjustment Date	Adjusted Leave Service Date
Agency Hire Date	

---

#### **Organizational Assignment Information**

Company Code: <b>0010</b>	Org Unit: <b>Administration</b>
Personnel Area: <b>560 State Civil Serv</b>	Cost Center: <b>5601010</b>
Employee Group: <b>FT Salary</b>	Personnel Subarea: <b>2100 Regular Leave</b>
Payroll Area:	Employee Subgroup: <b>Classified Exempt</b>
Work Contract: <b>Permanent</b>	Permanent Status Date: <b>04/26/95</b>
Expiration Date	Employment Status: <b>Active</b>

---

#### **Time Management Information**

Employment Percent: <b>100.00</b>	Time Management Status: <b>Negative Time Entry</b>
Weekly Working Hours: <b>40.0</b>	Time Administrator:
Work Schedule Rule: <b>M-F 8HR</b>	Telecommuter:

---

#### **Action History**

Action Type: **Hiring** From: 07/25/2011 To: 12/31/9999 Action Reason Code: Certificate Agency Del

#### **Job History**

Job: **0011003 State Worker 3** From: 07/25/2011 To: 12/31/9999

#### **Position History**

Position: **12345 State Worker 3** From: 07/25/2011 To: 12/31/9999

#### **Base Pay History**

Biweekly: **\$2340.00** From: 07/25/2011 To: 12/31/9999 Pay Reason Code: Min Hire Rate