

**SOUTH CAROLINA MILITARY DEPARTMENT  
PERSONNEL / PAYROLL ACTION REQUEST**

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Program Manager

\_\_\_\_\_  
Date Submitted

**ACTION(S) TO BE TAKEN**

Recruitment Request

Name Change

Other Reason

Hours Change

Address Change

Salary Change

Dept/Fund Change

Termination

Effective Date of Action: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Remarks:

**POSITION INFORMATION**

Position Title: \_\_\_\_\_ Class Code: \_\_\_\_\_ Pay Band: \_\_\_\_\_ SCEIS Position # \_\_\_\_\_

Permanent/Full-Time

Temporary/Full-Time

Grant/Full-Time

Time Limited/Full-Time

Permanent/Part-Time

Temporary/Part-Time

Grant/Part-Time

Time Limited/Part-Time

FLSA Code: \_\_\_\_\_

Worker's Comp Code: \_\_\_\_\_

Retirement Code: \_\_\_\_\_

EEOC Dept Code: \_\_\_\_\_

EEOC Census Code: \_\_\_\_\_

EEOC Job Grp/Fed Cat: \_\_\_\_\_

**RECRUITMENT REQUEST**

New Position or Last Occupied By: \_\_\_\_\_ Assigned Work Hours: \_\_\_\_\_

Interviewer(s) Name/Extension #: \_\_\_\_\_ / \_\_\_\_\_ Location: \_\_\_\_\_

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ SCEIS Personnel #: \_\_\_\_\_ OR SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Current or Past State Employee: \_\_\_\_\_ Member of the National Guard or Reserves: \_\_\_\_\_

**BUDGET PROGRAM**

**REVIEW**

<u>Cost Center</u>	<u>Functional Area</u>	<u>Int Order / Obj Code</u>	<u>Grant</u>	<u>%</u>	<u>Fund</u>
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\_\_\_\_\_  
Department Head/Program Director / Date

\_\_\_\_\_  
Director, State Human Resources / Date

\_\_\_\_\_  
Chief Financial Officer / Date

**APPROVAL**

\_\_\_\_\_  
TAG/DAG/Designee / Date