

PROVAIL **New Hire/Status Change Form**

Employee Name: _____ Today's Date: _____

Department: _____ Position/Title: _____ Effective Date: _____

Employee Action:

New Hire (attach employment application)	Job/Title Change
Rehire (attach employment application)	Pay Rate Change
Return from Leave of Absence	Department Transfer: from Dept # _____ to Dept # _____
	Hours Change: from _____ hours/week to _____ hours/week (if decreasing – attach Voluntary Reduction in Hours form)

Position Information:

Regular New Title: _____
 Regular Float Reports to: _____
 Temporary

Scheduled Hours (Check One):

Full Time (30 or more hours/week)
 Part Time: _____ hours/week
 On-call (attach On-Call Statement of Understanding)

Exempt Status: Hourly/Non-Exempt Salary/Exempt

Pay Rate:

Starting: \$ _____ Hour Pay Period
 Change from: \$ _____ Hour Pay Period to \$ _____ Hour Pay Period

Reason for Change (Check One):

Merit Increase of _____ % Pay Scale Adjustment New Job Duties** Job/Title Change**
 **attach new Job Description **attach new Job Description

Comments:

Approvals:

Immediate Supervisor: _____ Date: _____
 Next Level Supervisor: _____ Date: _____
 Human Resources: _____ Date: _____
 Area Chief Officer: _____ Date: _____

Note: The Area Chief Officer approval is required for changes to an employee's base salary rate. **Please complete Position Requirements on reverse.**

HR Use Only:
 QF TF Policy Group TF Accruals TF Position/Salary TF Schedule **Transfer into/out of Seattle**
 Benefit Eligible: Y/N Benefit Eligibility Letter Benefits: Continuation Letter/Discontinuation Letter Copy to Payroll

Position Requirements

Employee Name: _____

(Check all that apply)

PROVAIL Email (Gmail) yes no Preferred email name (typically "first!"): _____ @provail.org

Email Groups (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Employment Management | <input type="checkbox"/> HR |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Employment Northeast | <input type="checkbox"/> Management Team |
| <input type="checkbox"/> CLP | <input type="checkbox"/> Employment Northstars | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Development | <input type="checkbox"/> Employment Skyscrapers | <input type="checkbox"/> STW |
| <input type="checkbox"/> Employment (ALL) | <input type="checkbox"/> Front Office | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Employment Eastside | <input type="checkbox"/> Headquarters | |

Business Cards

Order: yes no Include cell phone on business card: yes no Cell #: _____

Business Card Payment Information: (General Ledger account code to be charged for business card expense):

Department: _____ GL Code: _____

Company Assets (check all that apply):

Dedicated Phone:	Existing:	Phone #:	_____	New Needed
Dedicated Fax:	Existing:	Fax #:	_____	New Needed
Dedicated Desktop Computer:	Existing:	Serial/Asset #:	_____	New Needed
Dedicated Laptop Computer:	Existing:	Serial/Asset #:	_____	New Needed
Dedicated Chromebook:	Existing:	Serial/Asset #:	_____	New Needed
Dedicated iPad:	Existing:	Serial/Asset #:	_____	New Needed

Building Access/ Keys

- | | |
|-------------------|--------------------|
| HQ Front Door Key | HQ NE Exit Key |
| Office Key | HQ Mailbox Key |
| HQ Master Key | Fab Front Door Key |
| HQ Server Key | Client Home Key |
| Suite B Key | Cabinet/Drawer Key |
| Suite C Key | Credit Card |
| Suite D Key | Gas Card |

Other

- Office Name Plate
- PROVAIL Badge (photo)
- PROVAIL Badge (silver)
- HQ Mailbox
- HQ Printer Scan/Fax, Floor: _____
- Add to HQ Phone list

Network Drive Permissions (Check all that apply):

Common Drive	CLP Admin	Development	HR	Management
ACCT Staff	CLP Staff	Employment (E&CS)	HR – Restricted	Clinic (TS&AT)

Name of example staff with identical permission levels: _____

Software (Check all that apply/**double check** to indicate administrative access):

Salesforce	Raintree	Great Plains	Microsoft Office
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Name of example staff with identical software: _____

Supervisor Signature: _____ Date: _____

Please submit this form (both sides) to HR. Once received, the HR Specialist will ensure that all appropriate functions are completed. You will receive a confirmation email regarding the employee’s completed set-up for facilities, IT and business cards. Please allow up to ONE WEEK for this turnaround.