

**CSCSMI PERSONNEL AND PAYROLL MASTER (F10)**  
(Please Print)

Reason for F10 (Please Check One):

- New Hire  Rehire  Status Change  Separation

Employee # \_\_\_\_\_ Effective Date: \_\_\_\_\_

Last Name:	First Name:	MI:
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**New Hire/Rehire:**

Address:		
City:	State:	Zip Code:
e-mail address:	DL/Other ID:	Exp:
Primary Phone:	Secondary Phone:	Other Phone:
DOB:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If rehire, last term date:	Approved for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title:	Work Site:	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Pay Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Annual
Training Needed: <input type="checkbox"/> ALL Training		

**Status Change:** (Please complete section(s) that applies.)

<input type="checkbox"/> Address Change	New Address:
<input type="checkbox"/> Salary Change	New Position Title:
<input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> 6 mo/Eval.	New Pay Rate: <input type="checkbox"/> Hourly <input type="checkbox"/> Annual
<input type="checkbox"/> Full Time/Part Time Change	<input type="checkbox"/> Change from FT to PT <input type="checkbox"/> Change from PT to FT
<input type="checkbox"/> Name Change	Reason for Change:
<input type="checkbox"/> Work Site/House Change	New Work Site:
<input type="checkbox"/> Other	Details:

**Separation:**

Last Date Worked: \_\_\_\_\_

Reason for Separation:

<input type="checkbox"/> Code 1 Gave and worked two weeks' notice.	<input type="checkbox"/> Code 2 Abandoned job, <b>list shifts missed in comments.</b>
<input type="checkbox"/> Code 1/1 Unable to return to work after a work related injury.	<input type="checkbox"/> Code 2/1 Quit before beginning training
<input type="checkbox"/> Code 1/2 Unable to work due to a non-work related personal/family medical condition.	<input type="checkbox"/> Code 2/2 Quit during training or before beginning work in home.
<input type="checkbox"/> Code 3 Quit without notice	<input type="checkbox"/> Code 3/1 Gave and worked notice of less than 2 weeks
<input type="checkbox"/> Code 33 Conditional job offer withdrawn due to unsatisfactory OSBI or CSWR report	<input type="checkbox"/> Code 4 Termed due to violation of company policy. <b>List complete details in comments.</b>
<input type="checkbox"/> Code 5 Retired	<input type="checkbox"/> Code 6 Death
<input type="checkbox"/> Code 50 – Other(Abuse and Neglect) (Provide complete explanation of reason for separation.)	

Comments: \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Date \_\_\_\_\_

PC/Manager Signature \_\_\_\_\_

Date \_\_\_\_\_