

**GREATER BOSTON LEGAL SERVICES
PERSONNEL ACTION FORM**

Date: _____ Effective Date of Action: _____
Name: _____ SSN: _____
Address: _____ DOB: _____

Gender: Female Male
 TG Other _____
Home Phone: _____
Cell Phone: _____ Email: _____

ACTION

- | | |
|--|---|
| <input type="checkbox"/> NEW HIRE | <input type="checkbox"/> STATUS CHANGE |
| <input type="checkbox"/> RE-HIRE | <input type="checkbox"/> RESIGNATION/TERMINATION |
| <input type="checkbox"/> PROMOTION/TRANSFER | |

Job Title: _____ Manager: _____
Unit: _____ Office: _____

- | | | |
|---------------------------------------|---|------------------------------|
| <input type="checkbox"/> Replacing | Who: _____ | Length of Vacancy: _____ |
| <input type="checkbox"/> New Position | <input type="checkbox"/> Hiring Committee | |
| <input type="checkbox"/> Attorney | Date of JD: _____ | Admission to Mass Bar: _____ |

HIRING STATUS

- | | | | |
|--|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Long Term Temp ☞ _____ | | Hrs/Wk: _____ = _____ % | |
| <input type="checkbox"/> Short Term Temp ☞ _____ | (Termination Date) | | |

UNION STATUS (Commence union dues pursuant to signed dues check-off)

- | | |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> GBLSSA | <input type="checkbox"/> NON-UNION |
| <input type="checkbox"/> GBLSAU | |

LEAVE OF ABSENCE

- | | |
|---|------------------------------|
| <input type="checkbox"/> Beginning LOA: _____ | Reason: _____ |
| <input type="checkbox"/> Returning From LOA | Estimated Return Date: _____ |
| | Hrs/Wk: _____ = _____ % |

STATUS

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> COBRA (Notice Sent) | <input type="checkbox"/> VOLUNTARY LAYOFF |
| <input type="checkbox"/> TERMINATION | <input type="checkbox"/> INSURANCE TERMINATED | <input type="checkbox"/> LAYOFF |

NOTE:

Original: David White
cc: Personnel File, J. Sanders
 Attorney Union Secretary or Staff Association Union Secretary

PAYROLL INFORMATION

NAME: _____

	Old Rate	New Rate
Full Time	_____	_____
Part Time	_____	_____
Hourly	_____	_____

FUNDING **PRIMARY** **2** **3** **4**

Fund # _____

Percent _____

EXPERIENCE CREDIT COMPUTATION

Step on union scale: _____

Language Kicker: Yes Language: _____
 No

INSURANCE INFORMATION

Insurance Premium Coverage: Full Time Part Time _____% Ineligible for Insurance

Selections: Blue Cross PPO HMO Blue Individual
 Dental Blue Family
 Life STD/LTD Waived
 Reimbursed by GBLS

FOR ACA REPORTING PURPOSES (Form 1095C)

Date of Benefits Eligibility: _____

Benefits Eligibility Class: Eligible Not Eligible

ADP Designate Benefit Status: Full Time Part Time Not Eligible

ADP Benefit Enrollment Completed: YES NO Waived

AUTHORIZED SIGNATURES

Director of Human Resources/Designee

Date

Original: David White
cc: Personnel File, J. Sanders
 Attorney Union Secretary or Staff Association Union Secretary

PERSONNEL INFORMATION (OPTIONAL)

RACE:

- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- White (Not Hispanic or Latino)
- American Indian or Alaskan Native (Not Hispanic or Latino)
- Black or African American
- Asian (Not Hispanic of Latino)
- Two or More Races (defined as all persons who identify with more than one of the five above races)
- Hispanic or Latino

Invitation to self-identify as an individual with a disability:

- Yes, I have a disability No, I do not have a disability I do not wish to answer

If yes, please explain:

Veteran Status:

- YES NO

Language(s) Spoken other than English:

	Read Only	Conversational	Fully Fluent
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR GBLS PERSONNEL USE ONLY

EEO-1 CODE:

- Executive/Senior Level Officials/Managers Professional
- First/Mid-Level Officials and Managers Administrative Support Workers

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