GREATER BOSTON LEGAL SERVICES PERSONNEL ACTION FORM

Date:	Effective Date of Action:			
Name:	SSN:			
Address:	DOB:			
	Gender: 🗆 Female 🗆 Male			
Harra Dhamar	TG D Other			
Home Phone:				
Cell Phone:	Email:			
ACTION NEW HIRE RE-HIRE PROMOTION/TRANSFER 	 STATUS CHANGE RESIGNATION/TERMINATION 			
Job Title:	Manager:			
Unit:	Office:			
□ Replacing Who: □ New Position □ Hiring Committee □ Attorney Date of JD:				
HIRING STATUS				
□ Permanent □ Full Time	Part Time Student			
Long Term Temp @	Hrs/Wk: =%			
□ Short Term Temp ☞ (Termination Date)				
UNION STATUS (Commence union dues pursuant□GBLSSA□NON-UNION□GBLSAU	to signed dues check-off)			
LEAVE OF ABSENCE Beginning LOA:	Reason:			
Returning From LOA	Estimated Return Date:%			
STATUSRESIGNATIONCOBRA (NoticeTERMINATIONINSURANCE TO				
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 PRIMAR	RY	2	3		4	
Fund #						
Percent						
EXPERIENCE CREDIT COMPU	TATION					
Step on union scale:						
Language Kicker: Yes No	Language:					
INSURANCE INFORMATION						
Insurance Premium Coverage:	Full Time		Part Time	<u>%</u> 🗆	Ineligible for	r Insurance
Selections: Blue Cross PPO Dental Blue Life	□ HMO Blue □ STD/LTD		Individual Individual Plus Family Waived Reimbursed by			
FOR ACA REPORTING PURPO	SES (Form 1095)	C)				
Date of Benefits Eligibility: Benefits Eligibility Class: ADP Designate Benefit Status: ADP Benefit Enrollment Complete	□ Eligible □ Full Time ed: □ YES	e 🗆		- □ Not Elig □ Waived	ible	
AUTHORIZED SIGNATURES						
Director of Human Resources/De	signee	D	ate			
Original: David White cc: Personnel File, J. Sanders Attorney Union Secretary or D Sta	aff Association Union	Secreta	rv			

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	D NO			
Language(s) Spoken other than English:					

 Read Only	Conversational	Fully Fluent

FOR GBLS PERSONNEL USE ONLY

EEO-1 CODE:

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

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