

HIRE/CHANGE FORM

Internal Use Only Employee Complete	Hire/Change Effective Date m m d d y y y y y	Employee ID #				
	Biographic Details					
	Name	11111				
	First, Middle, Last S. I. N. - Gender I	Date of Birth				
	Contact Information		m d d y y y y			
	P.O. Box or Street City/Province Posta	ıl Code				
	Telephone	ne	1 1 - 1 1 1 1			
	E-Mail Vacation Paid		Spouse Receiving Labrador Allowance			
	Are you in receipt of a pension from PSPP, USPP, TPP, MHAPP, PCJPP? (If yes, please refer to instructions for more information) (If yes, please refer to instructions for more information)	ry/Seasonal y/n	y/n			
		by	Title			
	Job Data					
	Organizational Relationship Employee Person of Interest					
	Action					
				Department ID		
				Official Location		Official Location Code
	Expected Job End Date Expected Job End Date Expected Job End Date	cted Return Date	m m d d y y y y			
	Job Information Job Code					
	Regular Full-Time Temporary Part-Time Employee Class Normal Standard Hours Reduced Standard Hours					
	Job Labour Union Code Union Deduction Code Union Code					
	if applicable Payroll Information Absence System: ABS Mgmt Other					
	Eligibility Group:					
	Salary Plan					
	Salary Admin Plan Grade Step					
	Compensation Rate Code: Comp Rate: \$					
	Additional Pay Code (s) \$ if applicable if applicable	e \$_	if applicable			
	Physical Location		Physical Location Code			
	Time Report Data Work Group Task Group:					
	Earning Distribution Percentage or Amount to be charged to Accounting Flexfield (1) or earning code of Distribution / Compensation Rate Earning Code					
	Accounting Flex Field (1) 0 1 - RC ACAT Activity E	Line Object	- - 0 0 0 0 Dept. Tracking Code			
	Percentage or Amount to be charged to Accounting Flexfield (1) or earning codes of Distr	ibution/ Comp	ensation Rate Earning Code			
	Accounting Flex Field (2) 0 1 - RC ACAT Activity E	lement Line Object	- - 0 0 0 0 Dept. Tracking Code			
	Wage Loss Program Over-ride Yes No					
	Over/Under Fill Type Date	Authority #				
		Comments:				
	Prepared/Actioned By:	Date:				

Under the authority of the Financial Administration Act, personal information will be collected for the purpose of processing requests. Your personal information is protected by the Access to Information and Protection of Privacy Act and will not be disclosed without consent or authorization. Any questions or comments can be directed to the Compensation and Benefits Service Centre Specialists at 729-7690, 1-888-729-7690 or CompensationBenefits@gov.nl.ca.

Hire Form (OCG-801) Instructions

For those employees meeting with the Compensation and Benefits Service Centre, the Service Centre Specialists will aid with completing the form. For employee's not meeting with the Compensation and Benefits Service Centre, the employee's manager is responsible for ensuring the hire date, biographic details and contact information section of the Hire form (OCG-801) is completed upon the employees start, signing and forwarding to the Compensation and Benefits Service Centre or their payroll office with other required information (e.g. copy of SIN, birth certificate, etc). It is imperative that the information be forwarded in a timely manner so as to ensure the employee is paid.

Employees:

- Must fill in their hire date (actual start date), employee ID if known, biographic details including their full name, social insurance number, gender, date of birth and contact information including full home mailing address, home telephone, cell phone number and home e-mail address.
- Seasonal or temporary employees must indicate if they would like their vacation paid bi-weekly or not.
- Employees must indicate if their spouse is in receipt of a Labrador Allowance or not.

 Employees must indicate if they are in receipt of a pension from the Public Service Pension Plan (PSPP), Uniform Services Pension Plan (USPP), Teachers' Pension Plan (TPP), Members of the House of Assembly Pension Plan (MHAPP), Provincial Court Judge's Pension Plan (PCJPP). Please note that if you are in receipt of a pension from one of these plans the Contact Information listed on this form will be updated with pensions as well.
- Employees must sign the form and forward to their manager for approval (for those forms not being completed by the Compensation and Benefits Service Centre). In the absent of their manager the form should be forwarded to their Director or Supervisor for verification and approval.

Manager:

- Must verify the hire date to ensure it corresponds with the employee's actual start day.
- Sign the "hiring date approved by" space provided and forward to Compensation and Benefits Service Centre or their payroll office with all other required information.

A copy of this form can be found on the Public Service Network site (http://www.intranet.gov.nl.ca/docs/default.asp) or by contacting the Compensation and Benefits Service Centre. If you have any questions about the completion of this form, please contact the Compensation and Benefits Service Centre.

Contact Information:

Compensation and Benefits Service Centre E-mail: CompensationBenefits@gov.nl.ca Phone: 729-7690 or 1-888-729-7690

Mailing address:

Compensation and Benefits Service Centre Main Floor, West Block PO Box 8700 St. John's, NL A1B 4J6