HRMS/PAYROLL
STATE OF NORTH DAKOTA
SFN 13090 (11-2006)

Employee Name: Last | First | M.I.

WORK LOCATION

Employee ID Number: | Emp Rcd #: | Effective Date: | Eff. Seq #: | Job Indicator: ☐ Primary Job ☐ Secondary Job

***Action:** | ***Reason:**

Position Number: | Pos. Entry Date: | Company: **ND** | Bus. Unit: | Department:

Department Entry Date: | Location:

JOB INFORMATION

Job Code: | Entry Date: | Planned Exit Date: | End Job Automatically? ☐ Yes ☐ No (Termination documents required)

Regular/Temporary: ☐ Regular ☐ Temporary

Full/Part Time: ☐ Full Time ☐ Part Time

Standard Hours: | **FTE:**

Work Period: **W**

EEO Class: **None**

Workday Hours:

FLSA Status: ☐ No FLSA ☐ Administrator ☐ Nonexempt ☐ Executive ☐ Outside Sale ☐ Manager ☐ Professional

PAYROLL

*Pay Group | *Holiday Sch.: | **Employee Type:** ☐ Hourly ☐ Salaried | *Tax Location Code:

FICA Status: ☐ Subject ☐ Medicare Only ☐ Exempt

SALARY PLAN

Salary Admin. Plan: | Grade: | Grade Entry Date: | Step: | Step Entry Date:

COMPENSATION

*Compensation Rate Frequency: | *Rate Code: | Seq.: | Comp. Rate: | Currency: **USD** | Frequency:

EMPLOYMENT INFORMATION

Company Seniority Date: | Benefits Service Date: | Probation Date:

Business Title: | **Area Code and Work Telephone Number:**

EARNINGS DISTRIBUTION

Earnings Distribution Type: | Earn. Code: | Dist. %:

DESIGNATED MEDICAL PROVIDER

Effective Date: | Provider:

Please refer to manual for codes marked*

WORKER'S COMPENSATION

Effective Date:

Workers Comp Code:		**Workers Comp Percent:**		**Workers Comp Code:**		**Workers Comp Percent:**	

ACCOUNT/BUDGET TABLE

Effective Date:

Account:	Dept.:	Project/Grant:	Fund:	Class:
Op. Unit:	Account Code:		Budget Amount:	
Dist. %:	**Pay Type Description:**			

Account:	Dept.:	Project/Grant:	Fund:	Class:
Op. Unit:	Account Code:		Budget Amount:	
Dist. %:	**Pay Type Description:**			

Account:	Dept.:	Project/Grant:	Fund:	Class:
Op. Unit:	Account Code:		Budget Amount:	
Dist. %:	**Pay Type Description:**			

Account:	Dept.:	Project/Grant:	Fund:	Class:
Op. Unit:	Account Code:		Budget Amount:	
Dist. %:	**Pay Type Description:**			

Account:	Dept.:	Project/Grant:	Fund:	Class:
Op. Unit:	Account Code:		Budget Amount:	
Dist. %:	**Pay Type Description:**			

Authorized Signature:	Date: