

**PERSONNEL / PAYROLL ACTION**

State Form 45123 (R2 / 3-07)

INDIANA STATE PERSONNEL DEPARTMENT

Requisition Number _____**Personal Data**

Employee ID:		Employee Name: <i>(Last, First, Middle Initial)</i>			Effective Date of Action:	
Address Line 1:		Address Line 2:		Address Line 3:		
City:		County:		State:		ZIP Code:
Education Level:		Gender: <input type="radio"/> Male <input type="radio"/> Female		Marital Status:		Marital Status Date:
Date of Birth:	Date of Death:		Telephone:		Ethnic Group:	
Social Security Number:						

Job Data

Effective Date:		Effective Date Seq No:		Action Code:		Reason Code:	
Position Number:		Location:		Department:		Employee Class:	
Business Unit:		Job Code:		<input type="radio"/> Regular <input type="radio"/> Intermittent <input type="radio"/> Temporary		<input type="radio"/> Appointed <input type="radio"/> Elected <input type="radio"/> Intermittent <input type="radio"/> Judicial <input type="radio"/> Legislative <input type="radio"/> Non-Merit <input type="radio"/> Sum Intern <input type="radio"/> Temporary	
Position Title:		Working Leader: <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Full Time <input type="radio"/> Part Time		Merit <input type="radio"/> OriginalWT <input type="radio"/> Perm Stat <input type="radio"/> PromoWT <input type="radio"/> XOrig WT <input type="radio"/> XPromoWT	
Company: <input type="radio"/> SOI <input type="radio"/> BMVC		Employee Type: <input type="radio"/> Exception Hourly <input type="radio"/> Salary <input type="radio"/> Hourly		Tax Location: 999 Holiday Sched: SO1		Salary Plan:	
Paygroup:		Grade:		Step:		Compensation Frequency: <input type="radio"/> Bi-Weekly <input type="radio"/> Hourly	
						Compensation Rate:	
						Change Amount: \$ _____ per _____ or Change Percent:	

Benefit Program Participation Data

BAS Group ID:	Benefit Program:	Elig Config 1:	Effective Date of Benefit Program:
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Job Labor

Union Code:	Union Seniority Date:
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Employment Data

Company Seniority Date:	Service Date:	Date Last Worked:	LOA Expected Return Date:	Permanent Status Due Date: (Probation Date)
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Emergency Contact Data

Primary Emergency Contact: <i>(Last, First, Middle Initial)</i>		Relationship:		Contact Home:	Telephone: Business:
Address Line 1:		Address Line 2:		Address Line 3:	
City:		County:		State:	
Secondary Emergency Contact: <i>(Last, First, Middle Initial)</i>		Relationship:		Contact Home:	Telephone: Business:
Address Line 1:		Address Line 2:		Address Line 3:	
City:		County:		State:	
				ZIP Code:	

Employee's Signature: _____ Date: _____

Signature of Appointing Authority: _____ Date: _____

Signature of SPD Director: _____ Date: _____

Comments:
