

CONSOLIDATED EMPLOYEE PROCESSING FORM

Wayne Township

Original

Modify

Terminate

Current Employee Information - Home Dept Use

Last Name		First Name		Middle Name	
Address		City		State	Zip
Date of Birth			Social Security Number		
Department		Division		Effective Date	

Updated Employee Information - Home Dept Use

Last Name		First Name		Middle Name	
Address		City		State	Zip
Date of Birth			Social Security Number		
Department		Division		Effective Date	

Employee Notification System - Home Dept Use

Phone Number		Alternate Phone Number One		Alternate Phone Number Two	
Text Page Address		Text Page Number		Email Address	
First Responder Membership					
List any special training or licenses					

Employee Computer Network Access Maintenance - Home Dept & MIS Use – Dept Heads Only May Authorize This Section

<input type="checkbox"/> Software Applications/Misc		
<input type="checkbox"/> Special Group Memberships or Network Directory/File Access		<input type="checkbox"/> Assigned TrackIT WS: _____
<input type="checkbox"/> Phone Extension: _____	<input type="checkbox"/> Call Coverage Path if no Voice Mail: _____	<input type="checkbox"/> Telephone System Voice Mail
<input type="checkbox"/> Internet	<input type="checkbox"/> Remote Access to Network from Home (Exempt Staff?)	<input type="checkbox"/> Shared Calendar(s) With: _____

ID, Proxy Card Building Access & Fuel System Request - HR Use

Payroll Number/Employee ID Number		Title	Department/Division
Type of ID Card	<input type="checkbox"/> Working During Emergency Conditions <input type="checkbox"/> Non-Emergency Work Schedule		Proxy # Assigned _____
Reason for Card	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Text Change <input type="checkbox"/> New Photo <input type="checkbox"/> New Photo & Text Change		
Building Access	<input type="checkbox"/> Bus Hours <input type="checkbox"/> 7AM-10PM Mon-Sat <input type="checkbox"/> 6AM-11PM 7 Days <input type="checkbox"/> Noon-6PM Sundays <input type="checkbox"/> 24x7 <input type="checkbox"/> Special _____ <input type="checkbox"/> Town Int/Ext Doors <input type="checkbox"/> Town Exterior Only <input type="checkbox"/> Finance & Assessments <input type="checkbox"/> Police <input type="checkbox"/> OEM & MIS <input type="checkbox"/> Violations <input type="checkbox"/> Library <input type="checkbox"/> Expiration Date Seasonal _____		
Parking Tag	<input type="checkbox"/> Tag# _____	Fuel System	<input type="checkbox"/> Gas Card Proxy # Assigned _____
Requested by (Dept/Div Head)	Date	Approved by (HR)	Date

Internal HR, IT, Treasury, Police Use Only

Dissemination by HR to:	<input type="checkbox"/> IT <input type="checkbox"/> Treasury <input type="checkbox"/> Police <input type="checkbox"/> Home Dept _____		
Returned at Separation of Employment:	<input type="checkbox"/> ID Cards <input type="checkbox"/> Uniforms <input type="checkbox"/> Access Card <input type="checkbox"/> Equipment <input type="checkbox"/> Network Disconnected <input type="checkbox"/> Access Disconnected <input type="checkbox"/> Keys <input type="checkbox"/> Parking Tag		
Completed by	Date		