include — Employee DC	JB:	Orga	nization Name:			vvorksite	Name:	
Supervisors complete the parts in orange.  City of Saint Paul PAYROLL/HR/TASS INPUT/CHANGE FORM								
Employee Name:		Emp. ID:	Department (Infor Process Level)	Division (Infor Dept):	Sub-Division (TASS):	n Primary V	Work Location:	
Check One:  Appointed/Unclase	sified Provision	nal 🗖 Inte	er-government/170	C Transfer	Reinstatement	Intern	☐ Temporary	
Check all that apply:  New Hire			Promotion		Reallocation		Competency Hire	
$\square$ Reduction in Title $Emp$	loyee signature required fo	or voluntary red	luction					
Requisition # Check One:				*Start Date	:	End Date: (	Temporary only)	
Full-time								
If part-time, indicate the estimated number of hours per pay period:  If this is a temporary employee, is this employee eligible for health insurance**?  **Check "YES" if this is a temporary employee expected to work 30 hours a week or more on a non-seasonal basis. Such employees must be offered health insurance under the Affordable Care Act.  Primary Budget Information								
	GL Accounting Unit:		GL Account #:		Activity:		Account Category:	
New Employee's Title(s):  If temporary employee with multiple titles,  Position Code:  Job Code:	please list the titles star Job Code D		ary title. Overtime p		on the primary j Bar. Un. Gra		Infor.  Hrly Rate of Pay:	
Working Out Of Classification (Wo	OOC)							
WOOC Budget Information (ONLY if a	lifferent from Primary Budge	et Information)						
GL Company: GL Acc			nt #: Ac	Activity:			Category:	
IntelliTime User Information:								
(FLSA) Overtime Profile (Refer to TASS Overtime Profiles and Descriptions by Employee Group)  User Schedule (Example: M – F 8 – 4:30 P.M.)								
TASS Timecard Approver (Who will approve the employee's timecard)				Overriding Accounting Needed  VES NO			Seniority Order	
Time Approver Role:	1 . 1	.002						
Will this employee approve time for o	ckup time Approver?	155? <b>L</b> 5	yes 🔲 no	If yes, please er	mail Payroll Spec	cialist with the lis	t of employees.	
Supervisor's Information Supervisor Signature:			Supervisor	: telephone numb	er:			
Supervisor's Name (Please print):  Date form Completed:								
* If action is for current certified/unclassified employee; start date is to be 1st day of pay period.  Any questions, contact your Payroll Specialist.								
HR Payroll Only: PA Entered	Infor - AU Splits/D	Deduct./Sec. Ti	itles TASS -	Jobs/Roles UN	Change Sen	t to Auditor	Spreadsheet Updated	