



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



NOTIFICATION OF PERSONNEL ACTION

| | | | | |
|---|-------------------------------|---------------------|----------------------------|---------------------|
| NAME (<i>Last Name, First, MI</i>) | | EMPLOYEE NO. | SOCIAL SECURITY NO. | BIRTH DATE |
| SERVICE COMP DATE | CHCC SERVICE COMP DATE | CITIZENSHIP | | CONTRACT NO. |

| | | |
|-----------------------|-------------------------|------------------------|
| ACTION: | LTA NTE: | EFFECTIVE DATE: |
| POSITION TITLE | CURRENT POSITION | NEW POSITION |
| PD NO. | | |
| PL/STEP | | |
| DUTY STATION | | |
| DIVISION | | |
| FLSA | | |
| HOURLY RATE | | |
| BI-WEEKLY | | |
| PER-ANNUUM | | |
| DIFFERENTIAL | | |

LEAVE HOURS PER PAY PERIOD: ANNUAL LEAVE: _____ SICK LEAVE: _____

ACCOUNTS CHARGEABLE:

| BUSINESS UNIT | OBJECT ACCT | SUBS ACCT | PCT (%) |
|---------------|-------------|-----------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

SUBJECT TO: FICA _____; MEDICARE _____; GROUP LIFE INSURANCE: _____;

HEALTH INSURANCE: _____; RETIREMENT: _____

REMARKS:

SIGNATURE: _____

Manager, Human Resources

Date