



# EMPLOYEE TRANSACTION FORM



HIRE   
  REHIRE   
  RETIREE  
   
  REHIRE

**TYPE OF TRANSACTION**

**RECORD NEW EMPL ID HERE**

<input type="checkbox"/> CHANGE <input type="checkbox"/> TERM	Empl ID	Effective Date
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**Panel – Name/Address**

1	Last Name	First Name	Middle Initial	Suffix
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2	Street Address	City	State	Postal ZIP Code
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Mailing Address (if different from above)	City	State	ZIP Code
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**Panel – Personal Profile**

**Panel – Eligibility/Identity**

**(National ID)**

3	Home Phone	Gender	Work Phone	Birth Date (mm/dd/yyyy)	Ethnic Group	Social Security Number
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**Panel – Work Location**

*(For former department, see the last box in Row 7 on this form.)*

4	Type of Action	Reason	Position Number	<i>(Department ID/Department Name)</i>
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**Panel – Job Information**

**(Check Procedures)**

**Panel - Payroll**

5	<i>(Job Code)</i>	<i>(Job Title)</i>	<i>(Type of Employment)</i>	<i>(Reg/Temp/P.D./Seas)</i>	<i>(Standard Hours)</i>	<i>(Budgeted Job Code)</i>	FICA Status
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**Panel – Compensation**

**Panel – Benefit Program Participation**

6	<i>(Salary Plan/Grade)</i>	<i>(Step)</i>	<i>(Comp Frequency)</i>	<i>(Compensation Rate)</i>	<i>(Union Code)</i>	BAS Group ID
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**HOURLY**

**Panel – Employment Data (“TL Data” Sub-Panel)**

**SUPPLEMENTAL INFORMATION – NOT FOR INPUT**

7	Work Group	Task Group	Task Profile ID	<i>(Employee’s Former Dept ID/Dept Name)</i>
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**Panel – Federal Tax Data**

**Panel – State Tax Data**

8	Tax Marital Status	Withholding Allowances	Add’tl Withholding \$ _____	Tax Marital Status	Withholding Allowances	Add’tl Withholding \$ _____	Add’tl Allowances	Tax Exemption <input type="checkbox"/> Federal <input type="checkbox"/> State <i>(see tax form for details)</i>
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**Check against Term Effective Date**

9	<i>(Resumix Requisition Number, if applicable)</i>	<i>(Position Vacated By)</i>	<i>(Date Vacated)</i>	Last day worked
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**I HAVE REVIEWED THIS TRANSACTION FORM AND UNDERSTAND THE ACTIONS BEING TAKEN. I FURTHER UNDERSTAND AND AGREE THAT I AM OBLIGATED TO REIMBURSE THE COUNTY OF RIVERSIDE FOR ANY OVERPAYMENTS MADE TO, OR ON BEHALF OF, ME AS A RESULT OF ANY ERRORS CONTRIBUTING TO SUCH OVERPAYMENTS, INCLUDING, BUT NOT LIMITED TO, INCORRECT INFORMATION ENTERED ON THIS TRANSACTION FORM.**

\_\_\_\_\_  
EMPLOYEE’S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Department Head or Designee

\_\_\_\_\_  
Date

**CONFIRMATION OF FORMS & NOTIFICATIONS**

EMPLOYMENT DECLARATION	MEDICAL SUMMARY	I-9 – EMPLOYMENT ELIGIBILITY	FEDERAL WITHHOLDING	STATE WITHHOLDING	OATH OF ALLEGIANCE	RETIREMENT FORMS	WARRANT DESIGNATION	STEP ADVANCE	AT-WILL
ENROLLMENT FORMS SENT	OTHER	DIRECT DEPOSIT	RESUMIX	HR PROCESSOR	DATE & PAY PERIOD				

SHADED PORTIONS FOR HUMAN RESOURCES USE ONLY

WHITE-HUMAN RESOURCES  
YELLOW-DEPARTMENT  
PINK-EMPLOYEE  
GOLDENROD-RECRUITERS