

Employee No. \_\_\_\_\_

# NON-PERMANENT PAYROLL FORM

Seasonal, Temporary, Intern, Board Member

### A. EMPLOYEE SECTION: To be completed (PLEASE PRINT) by the employee and returned with other new employee forms.

Social Security Number										Last Name/First Name/Middle Initial									

P.O. Box																				Physical (Street) Address																			

City										State					Zip																							

Single     Married     Driver's License     Commercial Driver's License (CDL)     Yes     No  
 Do You Possess:

Sex:  M     F     Applicant's License

Ethnic Group:     White (1)     Black (2)     Hispanic (3)     Asian or Pacific Islander (4)     American Indian or Alaskan Native (5)

Have you worked for state government before?     Yes     No

**Turn page over and read & complete**  
**EMPLOYEE ACKNOWLEDGEMENT**

### B. BUREAU OF PERSONNEL SECTION: To be completed (PLEASE PRINT) by the supervisor/department and returned to the department's personnel office. Other forms to be returned are employee's W-4, I-9, application, appointment letter, and copy of employee's Social Security card.

Effective Date	Base Pay I	Shift Pay	Position Number	First Working Day

E-STATUS	MS	ES	EXPT	RETIRE CODE
2	R			

Date	By
Code	

Supp Pay				

Current Base Pay \_\_\_\_\_ Proposed Base Pay **\$8.50/hr.**    Comp Ratio (Temp only) \_\_\_\_\_    Percent of Change \_\_\_\_\_

Job Code **400605**    Title **Project Skills Participant**    Pay Grade **S99**

Req. Number \_\_\_\_\_    Reclass Log No. \_\_\_\_\_    Work Phone \_\_\_\_\_

Center Number **1950**    Department - **VR Counselor**    Date \_\_\_\_\_

\_\_\_\_\_    Human Resource Manager    Date \_\_\_\_\_

\_\_\_\_\_    Commissioner    Date \_\_\_\_\_

## EMPLOYEE ACKNOWLEDGMENT

**Please read the following information. For further clarification or information, ask your supervisor or contact the Bureau of Personnel.**

**Federal Drug Free Work Place Act:** It is the policy of the State of South Dakota to provide a drug free environment. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance by an employee in the workplace is prohibited. Any employee convicted of a criminal drug law in the workplace or who admits in a court of law to a criminal drug law violation, whether an admission results in a conviction, may be subject to disciplinary action, up to and including termination. In addition, the employee may be required to participate satisfactorily in a drug abuse assistance or rehabilitation program. Each employee will, as a condition of employment, agree to abide by the terms of this policy and to notify the Commissioner of the Bureau of Personnel of any criminal drug statute conviction occurring within the workplace no later than five days after such conviction.

**Sexual Harassment Policy:** It is the policy of the State of South Dakota that all employees are responsible for ensuring that the workplace is free from sexual harassment. All employees must avoid any action or conduct which could be viewed as sexual harassment. This includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexually harassing nature, when: (1) submission to the harassment is made either explicitly or implicitly a term or condition of employment; (2) submission to or rejection of the harassment is used as the basis for employment decisions affecting an individual; or (3) the harassment has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Any employee who has a complaint of sexual harassment at work by anyone, including supervisors, co-workers, customers, clients or visitors, should first clearly inform the harasser that his or her behavior is offensive or unwelcome and request that the behavior stop. If the behavior continues, the employee must immediately bring the matter to the attention of the employee's immediate supervisor. If the immediate supervisor is involved in the harassing activity, the violation should be reported to that supervisor's immediate supervisor, the department human resource manager, or the employee relations coordinator at the Bureau of Personnel who can be reached at 773-3148.

**Workers Compensation:** provides coverage for work related illnesses and injuries. It is your responsibility to notify your supervisor immediately of injuries which happen on the job. A first report of injury form must be completed within 3 days to ensure coverage.

**Public Entity Pool for Liability:** State employees are covered under the Public Entity Pool for Liability (PEPL). It provides liability coverage for actions arising out of your work for state government. The Public Entity Pool for liability may deny coverage for claims arising out of a state employee's willful and wanton misconduct including but not limited to, reckless disregard for the safety of others and intentional disregard of duty under laws, rules, policies or regulations by which the employee is governed. Promptly report to your supervisor all work related accidents, which involve injuries, damages and loss of property.

**Your signature is an acknowledgment/confirmation of the information you have provided on this form and that you have read the policies on this page.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Name \_\_\_\_\_ Telephone number(s) \_\_\_\_\_