

**Policy & Procedure Manual**

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**EMPLOYEE MASTER FORM - HR-II-1**

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**POLICY:**

An Employee Master Form shall be completed upon hiring of an employee or to initiate a change in an employee's classification, area of assignment, rate or status.

**PURPOSE:**

1. To maintain an accurate record of each employee's employment status.
2. To ensure proper authorization.

**PROCEDURE:**

1. A) An Employee Master Form – New Hire/Rehire (EM-HR-1A) will be completed in duplicate by Human Resources based on direction from the hiring department and/or Director, Human Resources at commencement of employment.  
  
b) An Employee Master Form – Change for Active Employee (EM-HR-1B) will be completed in duplicate by Human Resources based on direction from the hiring department, Director, Human Resources, applicable policy or collective agreement language. Employee transfers will take place at the start of a new pay period.  
  
c) An Employee Master Form – Temporary Assignment (EM-HR-1C) will be completed in duplicate by Human Resources based on direction from the hiring department and/or Director, Human Resources at commencement and/or completion of contract.  
  
d) An Employee Master Form – Dual Classification Assignment (EM-HR-1D) will be completed in duplicate by Human Resources based on the direction from the hiring department and/or Director, Human Resources at commencement of assignment and/or completion of assignment.
2. The Human Resources Department will ensure the proper signatures are affixed to the Employee Master Form (EM-HR-1A, EM-HR-1B EM-HR-1C or EM-HR-1D) prior to distribution. For rate changes, only the Director, Human Resources and Executive Director signatures are required. For all other changes, and for new hires, all signatures are required. Human Resources will forward a copy to Finance in advance of the signature completion process, as required in order to meet effective dates. All forms must have one of either the Director, Human Resources or the Executive Director for the Finance Department to process.

**POLICY: HR-II-1**  
**DEPARTMENT:** Human Resources  
**CATEGORY:** Human Resource Documentation  
**EFFECTIVE DATE:** November 2019  
**SUPERSEDES VERSION DATED:** March 2009  
Page 2 of 2

3. The bottom section (HR/Payroll Use Only) of the HR and Finance copy will be completed by Human Resources and Finance as required.

**RECOMMENDED BY:** Director, Human Resources

**APPENDICES:** 4

**OPERATIONAL ACCOUNTABILITY:** Administration, Finance, Human Resources,  
Community Services Administration

**ORIGINAL POLICY DATE:** April 1993

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**

A handwritten signature in black ink, appearing to be 'S. H. ...', written over a horizontal line.

**OPTIONS NORTHWEST**  
**EMPLOYEE MASTER FORM**  
New Hire/Rehire

POLICY HR-II-1  
APPENDIX A

NOTICE TO: EMPLOY \_\_\_\_\_ REHIRE \_\_\_\_\_ Emp #: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Gender: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ S.I.N. # \_\_\_\_\_

HIRE/REHIRE DATE: \_\_\_\_\_ PRIMARY AREA OF ASSIGNMENT: \_\_\_\_\_ #N/A

CLASSIFICATION: \_\_\_\_\_ STATUS: \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_

JOB CODE: \_\_\_\_\_ #N/A EMP CLASS: UNIFOR \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
INITIATED BY - HUMAN RESOURCES COORDINATOR

\_\_\_\_\_  
REVIEWED BY HUMAN RESOURCES DIRECTOR

\_\_\_\_\_  
APPROVED BY EXECUTIVE DIRECTOR

HR ORIGINAL/PAYROLL COPY

EMPLOYEE

Add to AE:

Notification Email to Supervisor:

**OPTIONS NORTHWEST  
EMPLOYEE MASTER FORM  
Change for Active Employee**

POLICY HR-II-1  
APPENDIX B

DATE: \_\_\_\_\_

NOTICE TO CHANGE: RATE \_\_\_\_\_  
STATUS \_\_\_\_\_  
JOB CODE \_\_\_\_\_

AREA CHANGE \_\_\_\_\_  
CLASSIFICATION CHANGE \_\_\_\_\_

NAME: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_

**PRESENT**  
JOB CODE \_\_\_\_\_ 0

**PROPOSED**  
JOB CODE \_\_\_\_\_ #N/A

CLASSIFICATION \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

PRIMARY AREA OF ASSIGNMENT \_\_\_\_\_ #N/A

PRIMARY AREA OF ASSIGNMENT \_\_\_\_\_ #N/A

STATUS \_\_\_\_\_

STATUS \_\_\_\_\_

HOURLY RATE \_\_\_\_\_

HOURLY RATE \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
INITIATED BY - HUMAN RESOURCES COORDINATOR

\_\_\_\_\_  
REVIEWED BY HUMAN RESOURCES DIRECTOR

\_\_\_\_\_  
APPROVED BY EXECUTIVE DIRECTOR

EMPLOYEE COPY

**OPTIONS NORTHWEST  
EMPLOYEE MASTER FORM  
Temporary Assignment**

POLICY HR-II-1  
APPENDIX C

DATE: \_\_\_\_\_

Support Worker \_\_\_\_\_  
Community Participation Worker \_\_\_\_\_  
Commencement \_\_\_\_\_  
Relief Support Reassignment \_\_\_\_\_  
Completion \_\_\_\_\_

NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

**PRESENT**

JOB CODE \_\_\_\_\_ #N/A \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_

PRIMARY AREA OF ASSIGNMENT \_\_\_\_\_ #N/A \_\_\_\_\_

STATUS \_\_\_\_\_

HOURLY RATE \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
INITIATED BY - HUMAN RESOURCES COORDINATOR

\_\_\_\_\_  
REVIEWED BY HUMAN RESOURCES DIRECTOR

\_\_\_\_\_  
APPROVED BY EXECUTIVE DIRECTOR

EMPLOYEE COPY

**OPTIONS NORTHWEST  
EMPLOYEE MASTER FORM  
Dual Classification Assignment**

POLICY HR-II-1  
APPENDIX D

DATE: January 0, 1900

Support Worker 0  
Residential Counsellor II 0  
Commencement 0  
Life Skills Counsellor 0  
Completion 0

NAME: 0 EMPLOYEE #: 0

**PRESENT**  
JOB CODE 0 #N/A

CLASSIFICATION 0

PRIMARY AREA OF ASSIGNMENT 0 #N/A

STATUS 0

HOURLY RATE \$ -

EFFECTIVE DATE January 0, 1900

REMARKS: 0  
0  
0

INITIATED BY - HUMAN RESOURCES COORDINATOR

REVIEWED BY HUMAN RESOURCES DIRECTOR

APPROVED BY EXECUTIVE DIRECTOR

**FINANCE:**

Transfer Rate Assigned

Notification Email to Supervisor

**HUMAN RESOURCES:**

Copy to Finance

Add to Dual Classification List

HR ORIGINAL/PAYROLL COPY