

SC Workers' Compensation Commission

Human Resource Action Notification

Name: _____ Social Security No. (last 4 digits): _____

Department: _____ Effective Date: _____

Human Resource Action: _____

PREVIOUS INFORMATION

Position Title: _____ Position Number: _____

Type of Position: FTE Temporary Salary: \$ _____

NEW INFORMATION

Position Title: _____ Position Number: _____

Type of Position: FTE Temporary Salary: \$ _____

Comments:

Human Resource Signature / Date

Employee Signature / Date