

# SC Workers' Compensation Commission

## Human Resource Recommendation Form

Name: \_\_\_\_\_ Social Security No. (last 4 digits): \_\_\_\_\_

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_ Position Number: \_\_\_\_\_

Type of Position:  FTE  Temporary Temp Duration: \_\_\_\_\_

Current Salary: \$ \_\_\_\_\_ Proposed Salary: \$ \_\_\_\_\_

Hire Above Minimum: \$ \_\_\_\_\_

Detailed Reason for Request:

Recommended: \_\_\_\_\_ Concur: \_\_\_\_\_  
Department Director / Date Human Resources / Date

Approved: \_\_\_\_\_  
Executive Director / Date

### For Human Resources Only

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Establish Temporary Position  | <input type="checkbox"/> Temporary Salary Adjustment | <input type="checkbox"/> Demotion             |
| <input type="checkbox"/> Temporary Appointment         | <input type="checkbox"/> Reassignment                | <input type="checkbox"/> Suspension           |
| <input type="checkbox"/> Temporary Renewal             | <input type="checkbox"/> Reclassification            | <input type="checkbox"/> Unauthorized Absence |
| <input type="checkbox"/> Probationary Appointment      | <input type="checkbox"/> Transfer of Slot            | <input type="checkbox"/> Termination          |
| <input type="checkbox"/> Transfer (Other State Agency) | <input type="checkbox"/> Update Position Description |   |
| <input type="checkbox"/> Promotion                     | <input type="checkbox"/> Other: _____                |   |
| <input type="checkbox"/> Additional Duties             |  |   |