



Workday Action Form (WAF) Special District Employee

Last Name		First Name		MI	Requested Effective Date:	Pay Period:
Home Address				City	State	Zip
Mailing Address				City	State	Zip
New Hires	Social Security Number		Date of Birth		<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Home Telephone		Cell Phone/Other			
Employee ID Number						

Job Details	Company Name:		Cost Center	Job Profile: Special District Employee
	Employee Type: (Or) Extra Help Type:		Time Type:	Weekly Standard Hours
	<input type="checkbox"/> Regular <input type="checkbox"/> Extra Help – PERS 1000 FY <i>(must have PERS ID)</i> <input type="checkbox"/> Part Time <input type="checkbox"/> Extra Help – Regular 1000 FY <input type="checkbox"/> Extra Help – Retiree 960 FY <i>(must have PERS ID)</i>		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
	Hourly Rate (USD):		Employee's Action:	
Additional info (if necessary):				

Details of Action to Select below:

PLAN ASSIGNMENT(s) / ALLOWANCE(s) PLAN (PROCESSED BY PLACER HR DIVISION):
<input type="checkbox"/> None to be assigned. <input type="checkbox"/> To be assigned - See <i>"Special District – Plan Assignment / Allowance Plan(s)"</i> (complete and submit it with this form).
Additional info (if necessary):

DEDUCTION(s) - Pre-Tax, Post Tax, Employer Paid Benefit (PROCESSED BY PLACER PAYROLL DIVISION):												
<input type="checkbox"/> None to be assigned. <input type="checkbox"/> To be assigned – Enter your deduction(s) detail(s) below:												
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> End: Workday Deduction Code:</td> <td style="border: none; text-align: right;">Amount (if applicable):</td> <td style="border: none; text-align: right;">Perct. (%) (if applicable):</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> End: Workday Deduction Code:</td> <td style="border: none; text-align: right;">Amount (if applicable):</td> <td style="border: none; text-align: right;">Perct. (%) (if applicable):</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> End: Workday Deduction Code:</td> <td style="border: none; text-align: right;">Amount (if applicable):</td> <td style="border: none; text-align: right;">Perct. (%) (if applicable):</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> End: Workday Deduction Code:</td> <td style="border: none; text-align: right;">Amount (if applicable):</td> <td style="border: none; text-align: right;">Perct. (%) (if applicable):</td> </tr> </table>	<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> End: Workday Deduction Code:	Amount (if applicable):	Perct. (%) (if applicable):	<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> End: Workday Deduction Code:	Amount (if applicable):	Perct. (%) (if applicable):	<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> End: Workday Deduction Code:	Amount (if applicable):	Perct. (%) (if applicable):	<input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> End: Workday Deduction Code:	Amount (if applicable):	Perct. (%) (if applicable):
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Additional info (if necessary):												

BENEFITS PLANS (Retirement Plans / Deferred Compensation Plans) (PROCESSED BY PLACER HR DIVISION):	
CalPERS ID:	Deferred Compensation Plan
<input type="checkbox"/> None to be assigned. <input type="checkbox"/> CalPERS Plan Code: _____ . Select the Benefit Plan associated to the CalPERS Plan Code: <input type="checkbox"/> TIER 1 – Miscellaneous <input type="checkbox"/> TIER 1 – Safety <input type="checkbox"/> TIER 2 – Miscellaneous <input type="checkbox"/> TIER 2 – Safety <input type="checkbox"/> TIER 3 – Miscellaneous <input type="checkbox"/> TIER 3 – Safety	<input type="checkbox"/> None to be assigned. <input type="checkbox"/> Deferred Compensation Plan 457 Plan (attached election form) . If Plan has an Employer Match, enter the Biweekly data below: Flat amount: OR Percentage (%):
Additional info (if necessary):	

Special District Use Only	Placer - Payroll Use Only	Placer – HR Use only
Submitted by:	Received/Processed by:	Received/Processed by:
Date:	Date:	Date: