THE ALASKA CLUB

Payroll Rate/Status Change

Employee Name: _____ Effective Date: _____

☐ **Adding an additional position/department:**

Position: _____ Labor Code: _____

Rate of Pay for New Position: _____

Pay Type (circle one): Hourly Salary Commission/Bonus

☐ **Changing to a new position/department:**

Old Position: _____ Old Labor Code: _____

New Position: _____ New Labor Code: _____

New Rate of Pay: _____

Pay Type: Hourly Salary Commission/Bonus Status: Full Time Part Time

☐ **Changing Benefit Status Only:**

Old Status (circle one): Full Time Part Time

New Status (circle one): Full Time Part Time

☐ **Updating the Home Code Only:**

Old Home Labor Code: _____ New Home Labor Code: _____

☐ **Rate Change Only:**

From: _____ To: _____

Reason (circle one): Correction Merit Other: _____

Details: _____

Employee Signature: _____

Supervisor Signature: _____

Management Signature: _____

If this is a change to any of the below positions, Hep B must be offered before and submitted with this form

***** Any positions marked with an * must also include the signed Interview Notes Form and Telephone Reference Check Form**

- Clean Team – Massage * - Camp * - Aquatics* - Esthetician – Operations Manager * - MOD * - Playcenter * - General Manager * - Member Support – Fitness Department – Engineer -

Created: 12/20/2016
Revised: 7/8/2021

THE ALASKA CLUB

HEPATITIS VACCINATION

HEPATITIS SHOT INFORMATION & AGREEMENT

Employee Name (Printed)

_____

I understand that in my position with The Alaska Club, I am required to maintain a current First Aid certificate and that, if the need should arise, I would be expected to assist in an emergency; OR my position requires me to participate in the cleanup of blood/bodily fluids or handle contaminated cleaning equipment, OR my duties might otherwise expose me to Hepatitis B. As a result, I may be at risk of acquiring Hepatitis B virus (HBV) infection. The Alaska Club hereby offers me the opportunity to be vaccinated against Hepatitis B at no charge to myself.

I have received information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered to me free of charge. At this time, I have decided to undertake the Hepatitis B vaccine series. I agree that if I do not present any evidence of having started the vaccination series within 30 days of the date of my signature below, then that means I have decided to decline the opportunity to obtain the Hepatitis B vaccine as set forth in the following "Declination of Hepatitis Vaccine."

DECLINATION OF HEPATITIS VACCINE

I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

HEPATITIS VACCINATION ALREADY RECEIVED OR NULL

I understand that I am being offered the opportunity to receive the Hepatitis B vaccine at no charge due to my occupational exposure to blood or other potentially infectious materials. I am declining this opportunity because I have already received the Hepatitis B vaccination series, antibody testing has revealed that I am immune, or medical evaluation shows that vaccination is contraindicated.

☐ Yes, please send me directions to begin the series of shots to become vaccinated.

☐ I do not wish to receive the vaccination at this time.

Signed: (Employee Name)_____ Date:_____

THE ALASKA CLUB

Remove Access Permissions
Payroll Status Change

If you need to have access *removed*, please fill out this page.

If you need to *add access*, please continue on to the "Computer Network Logon Request Form"

Does this employee need to have Computer/Network Access changes?

☐ Yes

☐ No

Employee Name: _____ Date:_____

What is the employee's new title?

Old position_____

New position_____

Is this employee moving to a different location?

☐ Yes

☐ No

Where are they moving from and where are they going?

From: _____ To: _____

Is this employee in any email groups which need to be removed?

☐ Yes

☐ No Current email groups_____

Does this employee need to have any drive access removed?

☐ Yes

☐ No

Is this employee keeping their phone extension? Should the extension change?

☐ Yes

☐ No

Old Extension_____ New Extension_____

Are there any CSI permissions which need to be removed?

☐ Yes

☐ No

Details_____

The Alaska Club
Computer Network Logon Request Form

(Revision 1/26/2023)

This form should be completed by the manager at the time of hire and submitted as part of the new hire paperwork. Once all of the new hire or job change paperwork has been received by the HR Team, this form will be submitted to the IT Team and they will create or modify the user account.

* PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

DOB: _____ Position Title: _____

Phone Ext: _____ Department: _____

Who is this person replacing?: _____ Will they need the same access rights/permissions?: ☐ Yes ☐ No

(Place a "X" in the appropriate boxes)

Primary Location:

☐ East ☐ Eagle River ☐ Studio ☐ Juneau Valley ☐ Fairbanks
☐ West ☐ Club For Women ☐ Downtown ☐ Juneau Downtown ☐ Fly Fairbanks
☐ South ☐ The Summit ☐ Wasilla ☐ Fly Wasilla

Requested Applications: ☐ Email ☐ CSI ☐ LaserFiche ☐ MS Office ☐ Oaisys ☐ Other: _____

Requested Groups: ☐ EMT ☐ Executive ☐ Membership ☐ Personal Trainers ☐ Fly ☐ Other: _____

Shared Drive Access:

☐ Accounting ☐ Hold Comm ☐ Security ☐ Scans/Xerox ☐ AFE ☐ Camp
☐ Fitness ☐ Inventory ☐ South Mgmt ☐ Membership ☐ Tennis ☐ Fly/Fly Ops
☐ Fitness Mgmt ☐ Front Desk ☐ Valley Mgmt ☐ Juneau Mgmt ☐ Other: _____
☐ Fairbanks Mgmt ☐ Operations

Name of Requesting Manager: _____

Signature of Requesting Manager: _____

Final Approval (H. R. Use Only): _____

ADP Employee Number: _____

(This area to be used by computer network administrator only!!!)

Date Account Created: _____ Account Created By: _____

User ID: _____ Password: _____

Email Address: _____ **@TheAlaskaClub.com** Phone Code: _____

Notes: _____

_____

☐ Home Folder
☐ Email Box
☐ MITEL
☐ Drive Access
☐ Oaisys
☐ MFA/Ninjio
☐ BRIVO
☐ Notified Manager