



Senior Service America, Inc.

Senior Environmental Employment (SEE) Program

8403 Colesville Road, Suite 1200 • Silver Spring, Maryland 20910
 Phone: (301) 578-8900 • Fax: (301) 578-8895



NOTICE OF PERSONNEL ACTION (NPA)

Use to notify SSAI of all actions regarding enrollments, changes and requests. Always use boxes 1, 2, 11.

1. <input type="checkbox"/> IDENTIFICATION									
Enrollee name:						Date submitted:			
Worksite:				(W) Phone:		(W) Email:			
Fill out at enrollment only:		<input type="checkbox"/> Male <input type="checkbox"/> Female		DOB:		SSN:			
(H) Address:				City:		State:		Zip:	
(H) Phone:		Cell:		(H) Email:					
2. <input type="checkbox"/> ACTION									
<input type="checkbox"/> Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Request				Effective Date: (REQUIRED)					
3. <input type="checkbox"/> ENROLLMENT all types: complete boxes 3, 5 / attach supporting documentation									
<input type="checkbox"/> New <input type="checkbox"/> Re-enrollment <input type="checkbox"/> Change				Position Control#: SSAI -		Division/branch:		Mail code/room:	
Phone:		Fax:		Email:					
Position (approved position description):						Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Hourly pay rate: \$		Hours per week:		Funding source/program:			Grant #:		
Requirements: <input type="checkbox"/> Medical monitoring <input type="checkbox"/> Safety equipment <input type="checkbox"/> Travel						Health insurance Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. <input type="checkbox"/> TERMINATION attach supporting documentation									
<input type="checkbox"/> Resignation <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				Notification date:		Last workday:			
Other:		Health Care Term Date:		Dental Term Date:		EPA ID badge / property returned date:			
Forwarding address:				City:		State:		Zip:	
5. <input type="checkbox"/> MONITOR complete each time monitor / alternate monitor changes									
Monitor name:				Title:			Mail code / room:		
Phone:		Fax:		Email:					
Alternate monitor:				Phone:		Email:			
6. <input type="checkbox"/> PERSONAL DATA CHANGES									
Name:				(H) Phone:		Cell:			
(H) Address:				City:		State:		Zip:	
(H) Email:				Other:					



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7. <input type="checkbox"/> LEAVE REQUEST attach brief explanation.; b - d require a signed, dated doctor's statement		
Type of leave requested - (5 or more consecutive days)	Last workday:	Return date:
<input type="checkbox"/> a. Leave without pay		
<input type="checkbox"/> b. Extended sick leave		
<input type="checkbox"/> c. Medical leave		
<input type="checkbox"/> d. Family medical leave (FMLA)		
8. <input type="checkbox"/> SAFETY EQUIPMENT REQUEST attach supporting documentation		
Item(s):	Purpose:	
Payment method: <i>attach:</i>	<input type="checkbox"/> Pay vendor <i>PO, cost documents</i>	<input type="checkbox"/> Advance check <i>cost documents</i>
		<input type="checkbox"/> Reimburse enrollee <i>original receipts</i>
9. <input type="checkbox"/> TRAINING REQUEST attach supporting documentation		
Type of training:	Cost:	
Training date(s):	Training purpose/benefit :	
Payment method: <i>attach:</i>	<input type="checkbox"/> Pay vendor <i>PO, cost documents</i>	<input type="checkbox"/> Advance check <i>cost documents</i>
		<input type="checkbox"/> Reimburse enrollee <i>original receipts</i>
10. <input type="checkbox"/> OTHER CHANGES OR TRANSACTIONS		
11. <input type="checkbox"/> AUTHORIZATION SIGNATURE(S) required by SSAI - check w / Monitor re: EPA authorizations required		
Enrollee:	Date:	
Monitor:	Date:	
EPA Grant Coordinator:	Date:	

Please complete, scan and email / fax (or mail) this form to:

Senior Service America, Inc.
 Senior Environmental Employment Program
 E-mail: seeptanpa@ssa-i.org / Fax: (301) 578-8895
 If mailing, please use address at the top of this form

SSAI USE ONLY	Route to:	<input type="checkbox"/> Records	<input type="checkbox"/> Payroll	<input type="checkbox"/> Accounting	<input type="checkbox"/> Other
SEE Program Director					Date:
Comments:					