

# Active Employee Update Record



Urbana Park District  
303 W University Ave  
Urbana, IL 61801  
Phone: 217-367-1536  
www.urbanaparks.org

## SECTION 1 – Supervisor completes this section

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Email address: \_\_\_\_\_

☐ New pay rate    
 ☐ Increase in positions or hours    
 ☐ Decrease in positions or hours    
 ☐ Periodic evaluation of IMRF eligibility

For all options other than new pay rate, please complete the attached Active Employee IMRF enrollment eligibility form.

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Department: R ☐ O ☐ A ☐ Please place an asterisk (\*) next to the Account # below that should be the staff's default position in BS&A/ NovaTime

Amount	Rate		Payment		Title	Program	Account #
	Hrly	Class	Biweekly	Session			

Regular Full-Time Benefit-Eligible ☐    
 Regular Part-Time Benefit-Eligible ☐    
 Intermittent Year-Round ☐    
 Seasonal ☐

Exempt/Salaried ☐    
 Non-Exempt/Hourly ☐    
 Appointive ☐

## SECTION 2 – Required Signatures

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator/Manager/Supervisor Name (Please Print) \_\_\_\_\_

Coordinator/Manager/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

# IMRF Enrollment Eligibility



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## SECTION 1 To be completed by supervisor

Employee's Name: \_\_\_\_\_ Date \_\_\_\_\_

☐ Increase in positions or  
hours/New Hire/Rehire

☐ Decrease in positions or hours

☐ Periodic evaluation of IMRF eligibility

Determine the hourly requirements of the employee's positions (district-wide).

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Average number of hours per week Number of weeks per year Total hours per year

**If the total is 1000 or more hours, the position is covered by IMRF.**

Insert additional explanation or calculations as needed:

☐ Already enrolled in IMRF

☐ Employee should be enrolled immediately into IMRF

☐ Position not covered by IMRF

## SECTION 2 To be completed by employee

In order to determine cross-district employment and subsequent IMRF eligibility, please record all current District positions, in multiple departments if applicable, and calculate the total anticipated annual hours.

Department/Position	Average hours per week	X	Number of weeks per year	=	Total Hours
Combined total for all positions:					

## SECTION 3 Employee and supervisor review and sign

☐ I understand I will work **less than 1000 hours** in all Urbana Park District positions combined in the next twelve months. I understand that I will not be a participant in the IMRF program and that no deductions for that program will be made from my pay.

☐ I have been informed that the Urbana Park District anticipates that I will work **more than 1000 hours** for the UPD in the next twelve months. I understand that I will be a participant in the IMRF program and that deductions for that program will be made from my pay.

I acknowledge that this position is an at-will employment position, which means that the employer or I can end my employment at any time.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

IMRF Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Enrollment Completed, If Applicable Date \_\_\_\_\_