

PERSONNEL ACTION FORM

(New Hire/Rehire/Status Change/Transfer)

Employee Name: _____
(Last, First, Middle Initial)

Social Security #: _____

Center/Department Name: _____ Check Location: _____

Classified Admin/Prof Faculty Temporary (Hourly) Temp-Exempt Other _____

PROPOSED ACTION

- New Hire (attach New Hire Forms) Rehire Pay Rate Change _____ ation
- Org/Account Distribution Change Promotion Transfer within department _____ out of department
- Scheduled Hours Change Other _____

POSITION INFORMATION			
Classified, Admin/Prof, Faculty and Temporary Employees		Temp-Exempt Employees	
Effective Date _____	Position # _____	Date of Hire _____	Date _____ End Date _____
Title _____		Title _____	
\$ _____ Hourly Rate (timesheets required)	\$ _____ Annual Salary	_____	Date of Payment _____ (See payroll schedule)
Type: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Per _____	_____		
Weekly Hrs: <input type="checkbox"/> 37.5 Hours <input type="checkbox"/> Other _____	_____		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	_____		
Term: <input type="checkbox"/> 12 mths <input type="checkbox"/> Oth _____	_____		

ACCOUNT DISTRIBUTION/REALLOCATION

_____ %	_____ %	_____ %	_____ %
1st Org/Account # _____	2nd Org/Account # _____	3rd Org/Account # _____	
_____ %	_____ %		
4th Org/Account # _____	5th Org/Account # _____	Percent allocation(s) must total 100%	

Authorized Signature(s) _____ Date _____ Contact Person (Please Print) _____ Ext. _____ Date _____

<p>HR USE ONLY:</p> <p>Salary Grade/Level: _____</p> <p>Remarks _____</p> <p>_____</p> <p>Human Resources Representative _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Eligible for Benefits after successful completion of orientation period. <input type="checkbox"/> Orientation for job duties only. <input type="checkbox"/> Reinstate Benefits (Rehired within 90 days). Date of Term: _____ <input type="checkbox"/> Not Benefit Eligible. 	<p>HRIS ENTRY/PR AUDIT:</p> <p>_____</p> <p>_____</p>
Date _____		

White – OHR/Payroll Yellow – Benefits Pink – Employee Goldenrod – Department