

Employee ID:
Empl Record:

HUMAN RESOURCES ACTION FORM

Date Printed:
Dept Name:

PERSONAL INFORMATION

Name (L Name, F Name, M Name)				Social Security #		Original Hire Date	Type of Action					
Address #1 (Street)			Address #2 (Apt/Bld)		City	State	Zip	Home Phone #		Other Phone #	Type	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status	Highest Education Level		Date of Birth	Citizenship Status <input type="checkbox"/> US (Native) <input type="checkbox"/> Perm Res (Alien Perm) <input type="checkbox"/> Temp Alien			Ethnic Group		Military Status	
Disabled Vet <input type="checkbox"/> Y <input type="checkbox"/> N		Disabled <input type="checkbox"/> Y <input type="checkbox"/> N		Emergency Contact Name			Relationship	Emergency Contact Phone #		Employee Signature		Date

JOB INFORMATION

Effective Date	Action Code (1)	Reason Code (1)	Dept #	Job Code	Job Title		Building Code	Building Name				
Regular/Temp <input type="checkbox"/> R <input type="checkbox"/> T		Full/Part Time <input type="checkbox"/> F <input type="checkbox"/> P		Empl Class	Pay Group	Employee Type <input type="checkbox"/> H <input type="checkbox"/> S	Standard Hours	Holiday	FTE	Grade	Review Date	Comp Rate

Effective Date	Action Code (1)	Reason Code (1)	Dept #	Job Code	Job Title		Building Code	Building Name				
Regular/Temp <input type="checkbox"/> R <input type="checkbox"/> T		Full/Part Time <input type="checkbox"/> F <input type="checkbox"/> P		Empl Class	Pay Group	Employee Type <input type="checkbox"/> H <input type="checkbox"/> S	Standard Hours	Holiday	FTE	Grade	Review Date	Comp Rate

JOB EARNINGS DISTRIBUTION

CURRENT

FUTURE

DEPT	Dept #	Percent	Account Code	Earnings Code	DEPT	Dept #	Percent	Account Code	Earnings Code

EMPLOYMENT INFORMATION

BAS Group ID <input type="checkbox"/> EUV <input type="checkbox"/> RTP		Benefits Eligibility 1	Service Date	Expected Return Date LOA	Campus Phone	Supv Resp <input type="checkbox"/> Y <input type="checkbox"/> N	Faculty Rank	Rank Date	Track	Track Date	Tenured <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
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M A I L	Primary Department #	Primary Department Name	Future Term Date	Term Reason Code	Faculty Contract Length
	Paycheck Distribution Location #	Paycheck Distribution Location Name	Campus Mail Stop	Campus Mail Stop Name	<input type="checkbox"/> < 9 Month <input type="checkbox"/> 11 - 12 Month <input type="checkbox"/> 9 - 12 Month

Submitted By	Date	Other Required Signature	Date	Dean or Director	Date	Processed By
Approved By	Date	Department Head	Date	HR	Date	

Date Entry	Date
Verification	Date