

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 #	Percent	Account Code	Earnings Code		Dept #	Percent	Account Code	Earnings Code
D E P T						D E P T			

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 <input type="checkbox"/> < 9 Month <input type="checkbox"/> 11 - 12 Month <input type="checkbox"/> 9 - 12 Month	
		Paycheck Distribution Location #		Paycheck Distribution Location Name		Campus Mail Stop		Campus Mail Stop Name			

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