

University of Α·Ã·À·È·Õ·b´ó·Æ·→

Personnel Action Form

For Data Entry Purposes Only

| | | | | | | | | | |
|--|---|---|---|---|------------------------------|--------------|--|---|--|
| PS Recruiting <input type="checkbox"/> Yes <input type="checkbox"/> No | | 1. Appl. ID (HR Use Only) | | 2. Employee Name (last, first, middle as appears on Social Security Card) | | 3. EmplID | | 4. Effective Date | |
| 5. Action | 6. Reason | 7. Expected Job End Date (If Applicable) | 8. Position Number | 9. Business Unit | 10. Home Dept. (Code) | 11. Job Code | 12. SupID (EmplID) | 13. Reports To (Posn. No.) | |
| 14. Benefit Status <input type="checkbox"/> Regular <input type="checkbox"/> Temporary | 15. <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | 16. Empl Class <input type="checkbox"/> 1 - Oth F/S <input type="checkbox"/> 2 - Fac 9/9 <input type="checkbox"/> 3 - Fac 9/12 <input type="checkbox"/> 4 - Med Res <input type="checkbox"/> 5 - JVA <input type="checkbox"/> 8 - Per Diem <input type="checkbox"/> 9 - Non-Emp <input type="checkbox"/> A - Student | | | | | | | |
| 17. Std. Hrs. | 18. FTE | 19. Pay Group | 20. Holiday Schedule <input type="checkbox"/> None <input type="checkbox"/> UM | 21. EE Type <input type="checkbox"/> H <input type="checkbox"/> S | 22. Tax Location | | 23. FICA Status <input type="checkbox"/> E <input type="checkbox"/> N | 24. Compensation Frequency/Rate Code <input type="checkbox"/> Hourly/NAHRLY <input type="checkbox"/> Monthly/NAANL <input type="checkbox"/> Contract/NAANL | |
| 25. Compensation Rate | | 26. Comp. Freq. | 27. Benefits Eligibility Date | | 28. UM Working Title | | | 29.1-9 Expir. Date | |
| 30. Work Auth. Date | | 31. Shift Diff Code (Hospital Use Only) | 32. Ben. Service Date | 33. Probation Date | 34. End Date (if applicable) | | 35. Academic <input type="checkbox"/> Yes | | |

JOB EARNINGS DISTRIBUTION

Continuation Sheet Attached

| 36. Effective Date | 37. Business Unit | 38. Department | 39. Job Code | 40. Earn Code (3) | Choose One | | Combination Code | |
|--------------------|-------------------|----------------|--------------|-------------------|---------------------------------------|---------------|------------------|-----------------|
| | | | | | 41. Comp Rate (Monthly/Contract Only) | 42. Distrib % | 43. MoCode (5) | 44. Account (6) |
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|--------------------------------------|------------------------|--|--|--|------------------------------------|--------------------------------|
| 45. Benefit Record No. (HR Use Only) | 46. ABBR (HR use only) | 47. Elig Fld 1 (Leave Plan) <input type="checkbox"/> EXVAC <input type="checkbox"/> NEVAC <input type="checkbox"/> Nurses <input type="checkbox"/> None | | | 48. Benefit Program Effective Date | 49. Benefit Program DBP |
|--------------------------------------|------------------------|--|--|--|------------------------------------|--------------------------------|

CONTRACT INFORMATION

| | | | | | | | |
|-----------------------------|---|--|--------------------------------|---------------------|-------|--------------------|-------|
| 50. Contract Effective Date | Payment Terms | | 53. Monthly Frequency M | Begin | | End | |
| | 51. Contract Pay Type (If Applicable) <input type="checkbox"/> 9 Over 9 <input type="checkbox"/> 9 Over 12 <input type="checkbox"/> Pay Over Contract | 52. <input type="checkbox"/> Pay over 12 months <input type="checkbox"/> Pay Over Contract <input type="checkbox"/> Pay over _____ months | | 54a. Contract _____ | _____ | 54b. Payment _____ | _____ |

ACADEMIC INFORMATION

| | | | | | |
|--|--|------------------------------|-------------------------|--------------------------------|-----|
| 55. Tenure Status <input type="checkbox"/> Non Tenure Not On Track <input type="checkbox"/> Non Tenure On Track <input type="checkbox"/> Tenure | 56. Home Rank <input type="checkbox"/> Assist Professor (002) <input type="checkbox"/> Assoc Professor (003) <input type="checkbox"/> Professor (004) | | 57. Track Start Date | 61. Academic Discipline | |
| | 58. Tenure Home | 59. Tenure Notification Date | 60. Tenure Granted Date | Department | FTE |
| 62. Comments | | | | | |

63. Authorizations

Signature & Date

Signature & Date

Signature & Date