

**PERSONNEL / PAYROLL ACTION FORM**

PLEASE TYPE OR PRINT THIS FORM. USE ONLY APPROPRIATE BLOCKS.  
EXPLAIN ACTION(S) IN "NOTES" SECTION.

DATE WRITTEN	ACTION #

HIRE	REHIRE	CHANGE	EFFECTIVE DATE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYEE #	EMPLOYEE NAME	LOC/DIV T	CURRENT JOB CLASSIFICATION
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**EMPLOYMENT**

SOCIAL SECURITY #	DATE OF BIRTH	HOURS / WEEK	JOB GROUP / STEP	STATUS
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STREET ADDRESS	CITY AND STATE	ZIP
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EMAIL ADDRESS	TELEPHONE	DATE OF HIRE
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GENDER M <input type="checkbox"/> F <input type="checkbox"/>	RETIREMENT	EMERGENCY CONTACT NAME AND RELATION	EMERGENCY CONTACT TELEPHONE
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**WAGES / SALARY / SPECIAL PAY**

IF CHANGE, GIVE REASON (step increase; promotion; reclassification; etc.) LIST TYPE OF STIPEND(S)

BASE PAY AMT \$	ORG. #	OBJECT #	PROJECT #	ALLOCATION	List additional accounts in NOTES
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STIPEND AMT \$	ORG. #	OBJECT #	PROJECT #	ALLOCATION	List additional stipends in NOTES
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**TRANSFER / PROMOTION**

NEW LOC/DIV T	NEW JOB CLASSIFICATION	NEW ORG. #	NEW OBJECT #	NEW PROJECT #
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**ADDRESS OR NAME CHANGE**

NEW NAME	NEW TELEPHONE	HOME <input type="checkbox"/>	CELL <input type="checkbox"/>
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NEW ADDRESS	CITY AND STATE	ZIP
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**EMPLOYMENT STATUS / HOURS CHANGE**

NEW STATUS	NEW HOURS / WEEK	REASON
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**NOTES**

SUPERVISOR	DATE	FINANCIAL SERVICES	DATE
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DEPARTMENT HEAD	DATE	HUMAN RESOURCES	DATE
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