

PERSONNEL ACTION FORM

NEW HIRE
REGULAR
EXTRA HELP

EFFECTIVE DATE: _____

DATE PREPARED: _____

BU	Employee#	Last Name	First Name	I	Suf	SSN	Sex	Birth Date
ST	Primary Loc	Primary Job	Hire Date	Service Date	Position Date	Term	Term Date	Status
RTH	PERS	PERS Plan	Primary Phone	AB119				
Type	Address Line 1	Address Line 2	City	State	Zip			
Job Class	Job Class Title	Work Start	Work End	Pay	Primary Org	Rate	Norm BW Hrs	Bi Weekly Salary
Job Class	Start Date	End Date	Pay	Type	Description	Rate	Period Pay	

Comments:

Employee Signature: _____ Date: _____ Department Head Signature: _____ Date: _____