

PS Recruiting
 Yes No

$\frac{3}{4}\tilde{\text{A}}^2\acute{\text{Y}}\grave{\text{E}}\grave{\text{E}}\frac{3}{4}\tilde{\text{A}}^2\acute{\text{Y}}\grave{\text{E}}\acute{\text{O}}\text{Æ}\mu$ of Miss
Personnel Action Form
 For Data Entry Purposes Only

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/NAANNL <input type="checkbox"/> Contract/NAANNL	
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)

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						Department _____ FTE _____		

63. Authorizations

Signature & Date

Signature & Date

Signature & Date