

New Hire and Changes

Personnel Action Form - Students Only

CMC

HMC

PIT

POM

SCR

Name (Last First) _____ Effective Date _____

Student Employee # _____ Student Class Year _____

NEW HIRE

Position Title _____

Rate of Pay _____ per hour

Account Number _____ Job Code _____

New Employee _____ Rehire in Dept. _____ Additional Pay _____

Federal Work Study Yes _____ No _____

Department Contact _____

Supervisor/Faculty _____

STATUS CHANGE

Wage Change _____ Account/Job Code Change _____

Other _____

	PRESENT	PROPOSED
Position Title		
Rate of Pay		
Account Number		
Job Code		
Supervisor/Faculty		

INACTIVATE JOB

Account Number _____ Job Code _____

Reason Position Ended _____ Discharge Other _____

Voluntary Quit _____

Comments _____

Supervisor Approval _____ Date _____

HUMAN RESOURCES OFFICE USE ONLY:

Approved By: _____ Date _____

FED GRANT BUDGET DIRECTOR APPROVAL:

Approved By: _____ Date _____