

New Hire and Changes

Personnel Action Form - Students Only

CMC

HMC

PIT

POM

SCR

Name (Last First)

Effective Date

Student Employee #

Student Grad Year

Student Email Address

STUDENT HIRE

New Employee

Rehire in Dept.

Additional Job

Position Title

Rate of Pay

_____ per hour

Account Number

Job Code

Work Study

Yes

No

Department Contact

Supervisor/Faculty

STATUS CHANGE

Wage Change

Job Code/Account Change

Supervisor/Faculty

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

INACTIVATE JOB

Account Number

Job Code

Reason

Position Ended

Voluntary Quit

Comments

Supervisor Approval

Date

HUMAN RESOURCES/ PAYROLL OFFICE USE ONLY:

Approved By:

Date

FED GRANT BUDGET DIRECTOR APPROVAL:

Approved By:

Date
