08/10/06

RICE UNIVERSITY
PERSONNEL ACTION FORM

Date _____

EMPLOYMENT: ☐ New Hire ☐ Transfer ☐ Rehire ☐ Reappointment ☐ Reclassification

CHANGE IN: ☐ Rate of Pay ☐ Scheduled Hours ☐ Title ☐ Grade ☒ Other Secondary Position

OTHER: ☐ One-time Payment ☐ Return from Leave of Absence ☐ Other _____

PAY METHOD: ☐ Full Time ☒ Part Time / ☑ Semi-monthly ☐ Bi-weekly (timesheets) ☐ Unpaid

EMPLOYMENT INFORMATION

Employee ID Number _____

Name _____
Last **First** **Middle**

Campus Location: **Room** _____ **Building** _____ **Phone** _____

☐ **Regular** ☐ **Eligible for Shift Differential** ☐ **Casual/On-call** ☐ **Temporary** **until** _____

Hrs/Wk _____ **Wks/Yr** _____ **Months/Yr** _____ **Hrs/Yr** _____ **FTE** .01

Title/Rank Mobile Payment **Position No.** G

Home Org. _____ **Name** _____

Mail Org. _____ **Name** _____

Effective Date _____ **End Date** _____

New Rate of Pay _____ **Per** _____ **Previous Rate of Pay** _____ **Per** _____

CHARGE TO:

Fund	Organization	Account	Program	%
		60990		

(If more, attach additional page)

Comments (Include Budget Change Information)

Mobile stipend payment

DO NOT FILL IN SHADED AREAS

Employee Class	Benefits Category	Pay Frequency	Current Hire Date	Pay Factor
Seniority Date	**Job Date**	**Benefits Elig. Date**	**Original Hire Date**	**Number of Pays**
Earn Code	**Change Reason**	**Adj. Service Date**	**Primary Assignments** ☐ Yes ☐ No	

APPROVALS:

DD-MON-YR Supervisor/Principal Investigator

DD-MON-YR Department Chair/Director

DD-MON-YR Dean/Vice President

DD-MON-YR President/Provost

DD-MON-YR Human Resources

Forward original to Human Resources. If desired, make a copy for your records.