

RICE UNIVERSITY PERSONNEL ACTION FORM

Date _____

EMPLOYMENT: New Hire Transfer Rehire Reappointment Reclassification
CHANGE IN: Rate of Pay Scheduled Hours Title Grade Other _____
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** _____

Title/Rank _____ **Position No.** _____

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	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If more, attach additional page)

Comments (Include Budget Change Information)

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPROVALS:

_____	DD-MON-YR	_____ Dean/Vice President
_____	DD-MON-YR	_____ Supervisor/Principal Investigator
_____	DD-MON-YR	_____ President/Provost
_____	DD-MON-YR	_____ Department Chair/Director
_____	DD-MON-YR	_____ Human Resources

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