

RICE UNIVERSITY PERSONNEL ACTION FORM

Date 06/01/2011

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 E99999

Name Doe Jane
Last First Middle

Campus Location: Room 100 Building Allen Center Phone 5555

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

Hrs/Wk 40 Wks/Yr 52 Months/Yr 12 Hrs/Yr 2080 FTE 0

Title/Rank Department Administrator Position No. G12300

Home Org. 123456 Name Department Name

Mail Org. 123456 Name Department Name

Effective Date 06/16/2011 End Date 06/30/2011

New Rate of Pay 1,000 Per Payment _____ Previous Rate of Pay _____ Per _____

CHARGE TO:

Fund	Organization	Account	Program	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(If more, attach additional page)

Comments (Include Budget Change Information)

Bonus payment to recognize superior performance in FY11.

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