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 _____

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 ☐ 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.