

# 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