New Hire and Changes

Personnel Action Form - Students Only

☐ CMC ☐ HMC ☐ PIT ☐ POM ☐ SCR

Name (Last First) _____ Effective Date _____

Student Employee # _____ Student Grad Year _____

Student Email Address _____

STUDENT HIRE ☐ New Employee ☐ Rehire in Dept. ☐ Additional Job

Position Title _____

Rate of Pay _____ per hour

Account Number _____ Job Code _____

Work Study ☐ Yes ☐ No

Department Contact _____

Supervisor/Faculty _____

STATUS CHANGE ☐ Wage Change ☐ Job Code/Account Change ☐ Supervisor/Faculty

	PRESENT	PROPOSED
Position Title		
Rate of Pay		
Account Number		
Job Code		
Supervisor/Faculty		

INACTIVATE JOB

Account Number _____ Job Code _____

Reason ☐ Position Ended ☐ Voluntary Quit ☐ _____

Comments _____

Supervisor Approval _____ Date _____

HUMAN RESOURCES/ PAYROLL OFFICE USE ONLY:

Approved By: _____ Date _____

FED GRANT BUDGET DIRECTOR APPROVAL:

Approved By: _____ Date _____