



# New Hire and Changes

## Personnel Action Form – Students Only

Name (Last,First) \_\_\_\_\_ Date Effective \_\_\_\_\_

Student Employee # \_\_\_\_\_ Student Class Year \_\_\_\_\_

**NEW HIRE**

Position Title \_\_\_\_\_

Rate of Pay **Fall** \_\_\_\_\_ per hour **1/1/16** \_\_\_\_\_ per hour

*\*Minimum Wage increases to \$10.00 per hour effective 1/1/16*

G.L. Number \_\_\_\_\_ Or Job Code if Known: \_\_\_\_\_

New Employee     
  Rehire in Dept.     
  Additional Pay

Federal Work Study  Yes       No

Department Contact \_\_\_\_\_

Supervisor / Faculty \_\_\_\_\_

**STATUS CHANGE**

Wage Change     
  Account Change  
 Other \_\_\_\_\_

	PRESENT	PROPOSED
Position Title		
Rate of Pay		
Account Number		
Job Code (if known)		
Supervisor		

**INACTIVATE JOB**

Account Number \_\_\_\_\_ Or Job Code if Known: \_\_\_\_\_

Reason  Position Ended       Discharge       Graduated

Voluntary Quit     
  Other \_\_\_\_\_

Comments \_\_\_\_\_

Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

**FOR BUSINESS AFFAIRS/PAYROLL OFFICE USE ONLY:**

Revised Job Code: From \_\_\_\_\_ to \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_