



Auxiliary Personnel Action Request

Social Security Number _____ - _____ - _____ EIN _____
Social Security Number only required for new hires

Please Type

Name on Social Security Card _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____ Base/Location _____ Dept/Campus Code _____

Requested Effective Date _____ Actual Effective Date _____ Position _____

Status Code _____ Pay Plan _____ Distribution Code _____ Former Employee yes no

Check appropriate box(es):

Action Requested:

- Employment
- To full time
- Transfer from _____
- Hours per day change
- Hourly rate change
- Retirement
- Resignation
- Status change
- Termination
- Exit interview form attached
- Cleared for Payoff
 - yes no

Position Classification:

- Position**
- New approved
 - Replacing _____
 - Full time
 - Part Time
 - Student

Work Schedule:

- Days** _____
- Hours per day** _____
- Hourly rate** _____

Retiree yes no
If yes, date retired _____

- Police/Transportation: passed pre-employment drug test
 - Yes No

Comments:

For Payroll Use Only

Payroll Information

Days Annual _____

Days Actual _____

Hours Per Day _____

Hourly Rate _____

Daily Rate _____

Annual Salary _____

Actual Salary _____

Payroll Set-up/Change

Paychecks Remaining _____

Paycheck Amount/Hours _____

Paycheck Effective Date _____

State Days Carried Forward//Transferred in: _____

State Personal Earned _____

Local Personal Earned _____

Vacation/Off Duty Earned _____

Pay Code _____ Class _____

Pay Method _____ Pay Group _____

 Administrator Requesting Action Date

 Additional approval as required Date

Inf. Rel. = yes no

 Human Resources Director Date

 Coordinator of Payroll Date