

PERSONNEL ACTION (PA) REQUEST FORM*

* TO BE COMPLETED BY PI OF THE GRANT OR PERSON IN CHARGE OF FUND ONLY

Check one:

Faculty	Staff	Graduate Research Assistant (GRA)	Undergrad Assistant Check one: Teaching Research	Other
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CAMPUS WIDE ID NUMBER: _____

NAME: _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____

EMERGENCY CONTACT: _____

POSITION TITLE: _____

START DATE: _____ END DATE: _____

HOURS IN WORK WEEK: _____

HOURLY RATE: _____ MONTHLY RATE: _____

FUND NUMBERS & DISTRIBUTION: _____

PI SIGNATURE: _____ DATE: _____

FOR FACULTY/STAFF Only:

Is the employee currently or has the employee ever been enrolled in or retired from either the (check one) ___ Teachers (TRS) ___ Employees (ERS) retirement systems.

If Yes (Check one) ___ Previously Enrolled ___ Retired ___ Presently contributing

IF THIS IS A NEW APPOINTMENT OR THERE HAS BEEN A BREAK IN SERVICE A NEW I-9 FORM MUST BE COMPLETED. SEE KAREN MATTHEWS IN THE BSC OFFICE (SEC R. 1316). NEW EMPLOYEES MUST ALSO COMPLETE A DIRECT DEPOSIT FORM.

ADDITIONAL NOTES/COMMENTS: _____