

PERSONNEL ACTION

GENERAL INFORMATION Current Information

UM - ID	Last Name	First	Middle	(Dr. Mr. Ms.)	
Mailing Address		City	State	Zip	Home Phone
Birth Date	Sex	Ethnic Origin	Citizenship	Campus Address	Campus Phone
Department		Account Number	Position Number	Position Title/Rank	

NEW ACTION TYPE

EFFECTIVE DATE: _____

- New Hire
 Reappointment
 Promotion*
 Status Change*
 Transfer*
 Salary Change*
 Other
 Termination
 Title Change
 (_____ New Title/Rank)

* Explain Below

PAYROLL

EMPLOYEE STATUS	SALARY	EMPLOYMENT PERIOD
_____ Regular	Annual Salary \$ _____	<input type="checkbox"/> 12 Months <input type="checkbox"/> Spring Semester <input type="checkbox"/> 11 Months <input type="checkbox"/> May Term
_____ Temporary	Semester Salary \$ _____	<input type="checkbox"/> 10 Months <input type="checkbox"/> Summer I
Percent Time _____	Hourly Rate \$ _____	<input type="checkbox"/> 9 Months <input type="checkbox"/> Summer II
FTE _____	Other Pay* \$ _____	<input type="checkbox"/> Fall Semester <input type="checkbox"/> Other*

* Explain Below

TERMINATION (attach copy of letter of resignation, retirement, non-reappointment, etc.)

Resigned
 Dismissed
 Not Reappointed
 Retired
 Deceased
 _____ Last Day Worked if Different From Effective Date

EXPLANATORY COMMENTS and Update information

APPROVALS

_____ Director/Chair	_____ Date
_____ Dean	_____ Date
_____ Division Head	_____ Date
_____ President	_____ Date