

Date:

Personnel Transaction Report Form

NAE- Demographic Information All Employees

Last Name: _____	First: _____	MI: _____	Social Security (disclosure for payroll purposes)
Date of Birth: _____	Gender: _____	_____	
Residential Address: _____	City: _____	_____	
State: _____	Zip Code: _____	County: _____	Phone Number: _____
Campus Address: _____	Campus Phone Number: _____	Email: _____	

Position Information (Indicate by checking one): Primary Position Position Change Additional Appointment

Please refer to coding instructions when appropriate

Position Title: _____ Location: Main Campus Off Campus: _____

Department Name: _____ Start Date: _____ Stop Date: _____

Job Classification Code: _____ Position Type Code: _____ Pay Cycle Code: _____

Base Annual Salary: _____ # of Pays: _____ Monthly Salary: _____ Hourly Rate: _____ FTE Status: _____

Account #: _____ % _____ Project # _____

Account #: _____ % _____ Project # _____

Account #: _____ % _____ Project # _____

Comments

Human Resource Services Use Only

Colleague ID Number: _____ Position Smart Code: _____

Benefits Eligible (Please check all that apply) MOSERS Retirement, Life, LTD CURP Retirement, Life, LTD Health Insurance

Salary Adjustment Due: _____ Days _____ Hours _____ @ rate _____ Total \$ _____

Vacation Leave Adjustment Due: Days _____ Hours _____ @ rate _____ Total \$ _____ W-4 on file

Termination Reason: voluntary involuntary retired I-9 on file

Approval Process

_____ Department Head-Division Chair-Director	_____ Date	_____ Dean (if appropriate)	_____ Date
_____ Vice President	_____ Date	_____ Human Resources	_____ Date
_____ Affirmative Action Officer	_____ Date	_____ Budget Officer	_____ Date
_____ Special Grants (if appropriate)	_____ Date	_____ President	_____ Date

