

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

