RICE UNIVERSITY
PERSONNEL ACTION FORM

Date _____

EMPLOYMENT: ☐ New Hire ☐ Transfer ☐ Rehire ☐ Reappointment ☐ Reclassification

CHANGE IN: ☐ Rate of Pay ☐ Scheduled Hours ☐ Title ☐ Grade ☐ Other _____

OTHER: ☐ One-time Payment ☐ Return from Leave of Absence ☐ Other _____

PAY METHOD: ☐ Full Time ☐ Part Time / ☐ Semi-monthly ☐ Bi-weekly (timesheets) ☐ Unpaid

EMPLOYMENT INFORMATION

Employee ID Number: _____

Name _____ _____ _____
Last First Middle

Campus Location: **Room** _____ **Bldg** _____ **Phone** _____

☐ **Regular** ☐ **Casual/On-Call** ☐ **Temporary** **until** _____ **E-mail** _____

Hrs/Wk _____ **Wks/Yr** _____ **Months/Yr** _____ **Hrs/Yr** _____ **FTE** _____

Title/Rank	**Position No.**

Home Org. _____ **Name** _____

Mail Org. _____ **Name** _____

Effective Date	**End Date**

New Rate of Pay	**Per**	**Previous Rate of Pay**	**Per**

CHARGE TO:

Fund	**Organization**	**Account**	**Program**	**%**

(If more, attach additional page)

Comments (Include Budget Change Information)

DO NOT FILL IN SHADED AREAS

Employee Class	**Benefits Category**	**Pay Frequency**	**Current Hire Date**	**Pay Factor**
Seniority Date	**Job Date**	**Benefits Elig. Date**	**Original Hire Date**	**Number of Pays**

Earn Code	**Change Reason**	**Adj. Service Date**	**Primary Assignment** ☐ Yes ☐ No

APPROVALS:

_____ _____
DD-MON-YR **Supervisor/Principal Investigator**

_____ _____
DD-MON-YR **Department Chair/Director**

_____ _____
DD-MON-YR **Dean/Vice President**

_____ _____
DD-MON-YR **President/Provost (for Faculty and New Exempt Positions)**

_____ _____
DD-MON-YR **Human Resources**

Forward original to Human Resources. If desired, make a copy for your records.