

Select Action

Maryland Institute College of Art

- NEW HIRE
- OTHER CHANGE
- TERMINATION

STUDENT ACTION FORM

EMPLOYEE INFORMATION

Student Name _____ Student ID: _____

Check One: Undergraduate : Freshman Sophomore Junior Senior

Graduate : 1st year 2nd year Other

PAYCHECK ADDRESS

Address _____

City _____ State _____ Zip _____

Permanent Phone _____ Other Phone _____

POSITION INFORMATION

Effective Date _____ Position Title _____

hours per week _____ Compensation _____ hourly / stipend

Work Location _____ Department Name _____

Supervisor Phone # _____ Full Account Code _____

Supervisor Name _____ Supervisor Position Title _____

OTHER CHANGE INFORMATION

Effective Date _____ Change Type _____

Reason _____

TERMINATION INFORMATION

Termination Date (last day worked) _____ Reason _____

AUTHORIZATIONS

Department Head: _____ Date: _____

VP / Dean: _____ Date: _____

Human Resources: _____ Date: _____

Completed by Human Resources

Job Code _____ Emp Rcd # _____ Payroll Account Code: _____ Initial: _____

Pay Group _____ Position # _____ Psoft ID # _____ Date: _____

White/Human Resources

Scan/Payroll

Copy/Department