

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