

Personnel Action Form

Vanderbilt University

Employee Information: Name: _____ ID: _____ Job Record#: _____ Status: _____ Hire Date: _____	Department Information: Home Department: _____ PAF Responsible: _____ Location: _____ Initiator: _____ Phone: _____
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Employee - Current Information	Employee - New Information
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Last Action	Reason	Action Date	Action	Reason
Check here if not eligible for rehire: <input type="checkbox"/>				
Effective Date: _____	End Date: _____	Effective Date: _____	End Date: _____	
Position Number: _____	Job Entry Date: _____	Position Number: _____	VU Budget#: _____	
Job Code: _____	VU Budget#: _____	Job Code: _____	<input type="checkbox"/> VMG <input type="checkbox"/> VA/VU	
Home Dept. ID.: _____		Home Dept. ID.: _____	<input type="checkbox"/> Vanderbilt Student	
Pay Group: _____	Mail Drop: _____	Pay Group: _____	Mail Drop: _____	
Standard Hours: _____	Standard Shift: _____	Standard Hours: _____	Standard Shift: _____	
Comp Frequency: _____	Comp Rate: _____	Comp Frequency: _____	Comp Rate: _____	
Benefits Salary: _____	Shift 2: _____ Shift 3: _____	Benefits Salary: _____	Shift 2: _____ Shift 3: _____	
Pay Start Date: _____	Pay End Date: _____	Pay Start Date: _____	Pay End Date: _____	

Comment:	
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Employee Matrix Time Reader - Current Information	Employee Matrix Time Reader - New Information
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Supervisor EmpID: _____	Name: _____	Supervisor EmpID: _____	Name: _____	
Reader Numbers 1 - 5: _____				
CCode: _____	Shift Bndry: _____	Fixed Dist.: _____	CCode: _____	Shift Bndry: _____
			Fixed Dist.: _____	

Employee Distribution - Current Information	Employee Distribution - New Information
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Center	Job Code	Percent	Center	Job Code	Percent

Cost Sharing:	
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Approval Signatures	
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Effort Certification: <input checked="" type="checkbox"/>	Signature/Date: _____ Signature/Date: _____ Signature/Date: _____ Signature/Date: _____
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HR Routing Information: DestA: _____ DestB: _____ DestC: _____ Auth: _____