

# Personnel Action Form

Vanderbilt University

<b>Employee Information:</b>				<b>Department Information:</b>			
Name: _____ ID: _____ Job Record#: _____  Status: _____ Hire Date: _____				Home Department: _____ PAF Responsible: _____ Location: _____  Initiator: _____ Phone: _____			
<b>Employee - Current Information</b>				<b>Employee - New Information</b>			
Last Action		Reason		Action		Reason	
<div></div>		<div></div>		<div></div>		<div></div>	
				Check here if not eligible for rehire: <input type="checkbox"/>			
Effective Date:	<div></div>	End Date:	<div></div>	Effective Date:	<div></div>	End Date:	<div></div>
Position Number:	<div></div>	Job Entry Date:	<div></div>	Position Number:	<div></div>	VU Budget#:	<div></div>
Job Code:	<div></div>	VU Budget#:	<div></div>	Job Code:	<div></div>	<input type="checkbox"/> VMG <input type="checkbox"/> VA/VU <input type="checkbox"/> Vanderbilt Student	
Home Dept. ID.:	<div></div>			Home Dept. ID.:	<div></div>		
Pay Group:	<div></div>	Mail Drop:	<div></div>	Pay Group:	<div></div>	Mail Drop:	<div></div>
Standard Hours:	<div></div>	Standard Shift:	<div></div>	Standard Hours:	<div></div>	Standard Shift:	<div></div>
Comp Frequency:	<div></div>	Comp Rate:	<div></div>	Comp Frequency:	<div></div>	Comp Rate:	<div></div>
Benefits Salary:	<div></div>	Shift 2:	<div></div>	Shift 3:	<div></div>	Benefits Salary:	<div></div>
Pay Start Date:	<div></div>	Pay End Date:	<div></div>	Pay Start Date:	<div></div>	Pay End Date:	<div></div>
Comment:							
<b>Employee Matrix Time Reader - Current Information</b>				<b>Employee Matrix Time Reader - New Information</b>			
Supervisor EmpID:	<div></div>	Name:	<div></div>	Supervisor EmpID:	<div></div>	Name:	<div></div>
Reader Numbers 1 - 5:	<div></div>	<div></div>	<div></div>	Reader Numbers 1 - 5:	<div></div>	<div></div>	<div></div>
CCode:	<div></div>	Shift Bndry:	<div></div>	Fixed Dist.:	<div></div>	CCode:	<div></div>
<b>Employee Distribution - Current Information</b>				<b>Employee Distribution - New Information</b>			
Center	Job Code	Percent		Center	Job Code	Percent	
Cost Sharing:							
<b>Approval Signatures</b>							
Effort Certification: <input checked="" type="checkbox"/>				Signature/Date:			
				Signature/Date:			
				Signature/Date:			
				Signature/Date:			

HR Routing Information:      DestA: \_\_\_\_\_      DestB: \_\_\_\_\_      DestC: \_\_\_\_\_      Auth: \_\_\_\_\_