

UMD PERSONNEL ACTION DOCUMENT

Empl ID #	Empl Rcd #	Dept Name	* Employee Benefit Packet (see instruction below)
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*** Hiring Department: Fill out the form online to request orientation for your new employee:**
 1) with 75-100% appointment, go to: <http://www.d.umn.edu/umdhr/Forms/sendbenpacket.htm>
 2) with 74% or less appointment, go to: <http://www.d.umn.edu/umdhr/Forms/sendpacket74under.htm>

PERSONAL DATA

NAME _____ Last	_____ First	_____ Middle
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ACTION/REASON

Effective Date	Action	Reason
1		
2		
3		

JOB INFORMATION

Position Mgmt #	Work Location Company: <input checked="" type="checkbox"/> UMN	Entity	DeptID	Job Info Job Code:	<input type="checkbox"/> Regular (≥3 months) <input type="checkbox"/> Temporary (< 3 months)
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Empl Class <input type="checkbox"/> CS/BU <input type="checkbox"/> CS/BU - V Class <input type="checkbox"/> No Benefits	Standard hours FTE :	Pay Group: <input type="checkbox"/> Pay <input type="checkbox"/> Without Salary	Employee Type <input type="checkbox"/> Hourly <input type="checkbox"/> Exception Hourly	
Salary Plan Plan/Grade: Step:	Compensation Rate: \$	UM Appointment: Appt Type: Appt Term:	Job Requisition#/Job Search #: Replaced Employee ID: Progression Anniversary Date:		

Is this a Temp-No Post position? Yes No
General Comments (If Temporary No-Post, provide description of job duties the individual will perform.)

Effective Date	Combination (Combo) Code	Earnings Code	Hours/ pay period	Enc Option (R or N)

Prepared by:	Phone:	Date:
Authorized Signature: <i>(MUST BE DIFFERENT THAN PREPARER)</i>		Date: